



STUDENT PROFILE

Tompkins Cortland Community College
 170 North Street, PO Box 139
 Dryden, NY 13053
 607.844.8222, Ext. 4492 | 888.567.8211 (toll-free)
 Fax: 607.844.6536
athletics@TC3.edu

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Height	<input type="text"/>	Weight	<input type="text"/>
		High School Grad Date	<input type="text"/>
Home Address	<input type="text"/>		City, State, Zip <input type="text"/>
Phone	<input type="text"/>	E-mail Address	<input type="text"/>
Mother's Name	<input type="text"/>	Phone	<input type="text"/>
Father's Name	<input type="text"/>	Phone	<input type="text"/>
High School	<input type="text"/>	HS Coach	<input type="text"/>
HS Coach Phone	<input type="text"/>	HS Coach E-mail	<input type="text"/>
List any other college(s) attended	<input type="text"/>		When <input type="text"/>

Course of study at TC3	<input type="text"/>	Phone at TC3	<input type="text"/>
What sport(s) do you want to play at TC3?	<input type="text"/>		
List any personal or team honors (i.e. - League All-Star, Team MVP, Sectional Champs, Undefeated Team, Team Captain, etc.)	<input type="text"/>		
<input type="text"/>			
Hometown Newspaper	<input type="text"/>		
How did you become interested in TC3 (Check all that apply)	<input type="checkbox"/> Recruited by Coach <input type="checkbox"/> Academics <input type="checkbox"/> Cost <input type="checkbox"/> Location <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Guidance Counselor <input type="checkbox"/> Website <input type="checkbox"/> Campus Visit <input type="checkbox"/> TC3 Rep Visited My High School Other <input type="text"/>		
<i>I hereby give TC3 permission to release information about my performance and accomplishments as a student-athlete to the media. I authorize the use of photographs of me for advertising for the College. I understand Tompkins Cortland Community College retains all rights and responsibilities of ownership and copyright for those photographs. I certify that the information in this profile was provided voluntarily and is accurate and complete to the best of my knowledge.</i>			
Signature	<input type="text"/>	(date)	<input type="text"/>
Parent/guardian signature (if student is under 18)	<input type="text"/>	(date)	<input type="text"/>

Please complete and return to:
MICK MCDANIEL, Director of Athletics
 Tompkins Cortland Community College, 170 North Street, PO Box 139, Dryden, NY 13053
 Fax: 607.844.6536

MEN'S SPORTS: Baseball, Basketball, Golf, Lacrosse, Soccer
WOMEN'S SPORTS: Basketball, Golf, Soccer, Softball, Volleyball