USA Cycling Collegiate National Championship Eligibility Verification Form

School Name_____

Collegiate National Championship (please circle one): Cyclocross BMX Road Track Mountain Bike

Date(s) of National Championship: _____

For the Registrar:

1. **Strike through any blank spaces below** and ensure that all students listed below have signed next to their names.
2. Strike through any student names that are not full-time students in good standing financially, academically, and disciplinarily as defined by the athlete's college institution as of the date of the first event of the semester. Please email any questions regarding eligibility to vdrummond@usacycling.org.
3. Affix the school seal as indicated below, sign, and date.
   I certify that the students listed below are full-time students in good standing as defined by this by this institution.
   NUMBER OF NAMES LISTED BELOW: _____

- No student athlete who fails to appear on an Eligibility Verification Form or fails certification by the school registrar shall be allowed to participate in collegiate sanctioned races nor will qualify to race National Championships.

SIGNATURE: _____ Date: _____

PRINTED NAME: _____ TITLE: _____

For the Student:

By signing below, I authorize the release of any educational records required by the school Registrar to prove good standing and certify that I meet all applicable eligibility requirements contained in the USA Cycling Rules and will abide by the USA Cycling Code of Conduct.

	STUDENT NAME, TYPED OR PRINTED	STUDENT SIGNATURE
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AFFIX

SCHOOL'S OFFICIAL

SEAL HERE

FOR THE TEAM LEADER (CLUB PRESIDENT, TEAM CAPTAIN, COACH, OR FACILITY ADVISOR):

I certify that the riders listed above are in good standing on the collegiate institution's cycling team and meet all eligibility requirements contained in the USA Cycling Rules during the dates of competition within the collegiate season and that the team will abide by the USA Cycling Code of Conduct.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____