



USA CYCLING - COLLEGIATE CHAMPIONSHIP ELIGIBILITY VERIFICATION FORM

SCHOOL NAME _____

NAME AND DATE OF NATIONAL CHAMPIONSHIP _____

THE REGISTRAR - PLEASE READ CAREFULLY

Collegiate Cycling requires qualifying teams to present this rider list at the USA Cycling Collegiate National Championship registration, signed by both the club president (or team captain/coach) and the school Registrar, and stamped with the school's official seal. USA Cycling cannot accept incomplete forms.

In order to be eligible to compete at the USA Cycling Collegiate Road, Track, Mountain Bike and/or Cyclo-cross National Championships, each athlete must be enrolled as a "full-time student in good standing", as defined by their collegiate institution during the relevant Championship Eligibility Period, as follows:

CHAMPIONSHIP:	CHAMPIONSHIP ELIGIBILITY PERIOD
Road	Spring session of the same calendar year
Mountain	Fall session of the same calendar year
Track	Summer or Fall session of the same calendar year
Cyclo-cross	Fall session or spring of the same or following calendar year

(*) Or if the rider is eligible during the conference season, then they are eligible for Nationals.

REGISTRAR I certify that the riders listed below are full-time students in good standing, as defined by the collegiate institution, and meet the eligibility requirements as outlined above.

COMMENTS (If a rider does not qualify, please indicate the reason and strike through the name on the list below).

SIGNATURE _____ DATE _____
 (Registrar's signature)

THE STUDENT

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

STUDENT NAME
 Typed or Printed

STUDENT SIGNATURE
 Signature Required prior to Registrar's review

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AFFIX
 SCHOOL'S OFFICIAL SEAL
 HERE

* Any athletes who do not qualify and any blank spaces should be struck through at the time the Registrar signs this form.

CLUB PRESIDENT OR TEAM CAPTAIN 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 Collegiate Cycling Rules as of the date of the relevant national championship and that the team will abide by the Collegiate Cycling Code of Conduct. COMMENTS (If there are any exceptions, please state.)

SIGNATURE _____ DATE _____
 Club president (team captain/faculty sponsor)