

Drug Free Sport™

NCAA Student-Athlete Summer Contact Form

Student-Athlete: _____ Institution: _____
Cell: _____ Sport(s): _____
Summer Address: _____ Dates at summer address: _____ to _____
_____ Return Date to campus: _____
Emergency Contact: _____ Phone: _____

Please list any dates and locations during the summer in which you will not be at the summer address:

Dates: _____ to _____	Location: _____
Dates: _____ to _____	Location: _____
Dates: _____ to _____	Location: _____

Summer Sports League: _____ Team Name: _____
(if applicable)
Location: _____ Dates playing in League: _____ to _____

Student-Athlete Signature

Date

Student-Athlete: Please return completed form to your institution.

Institution: Please keep this form on file and submit to Drug Free Sport if requested.