

Drug Free Sport

2007 Student-Athlete Summer Contact Form

Student-Athlete Name: _____

Institution: _____ Sport(s): _____

Summer Address: _____
(PO Boxes are not acceptable) _____

Dates at summer address: From _____ To _____

Cell Phone/Summer Contact Number: _____

Summer Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Please list below any and all dates and corresponding locations during the summer in which you will not be at the address listed above. Use additional sheets if necessary.

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

Summer Employer: _____

Employer's Address: _____ Employer Phone: _____

Dates of Employment: From _____ To _____

Work/Class Schedule (Please indicate specific times: i.e. 9am – 2pm)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

Summer Sports League: _____ Start Date: _____ End Date: _____
(If applicable)

Name of Team: _____

Location: _____

Coach: _____ Coach's Phone: _____

Please provide any other pertinent information that would assist us in contacting you this summer:

Student-Athlete Signature

Date

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

To Institution: Please keep this form on file until your institution is notified of NCAA summer drug testing.

If you have any questions, please contact Drug Free Sport at 816/474-8655, ext 101 or 120