REQUIRED FORM

Deadline March 2, 2026. Email form to Collegiate Synchro: collegiatesynchro@gmail.com

FORM B: Athlete Affidavit of Eligibility

Name of Institution: _____ Date Submitted: _____

Complete Information For All Participants _____ **Student Athlete (Name in Full)**	**Student ID (Or Social Security Number)**	**Cumulative GPA**	**US Citizen (Yes No)**	**Year of Collegiate participation in this sport**	**Total Credit Hours Accumulated**	**Transfer Student Mo./Yr. Enrolled**	**Full-Time Student (Yes/No)**	**Participation in Majority of Season (Yes/No)**

Academic Year: 2025-2026

I hereby certify that the information listed herein is complete and correct according to the official records of this institution. In addition, I certify that each person named is a full-time student as defined by this institution and is making normal progress in an established degree or certified program as defined by this institution.

Name: _____
Director, Women's Intercollegiate Athletics, Club Recreation Department, or Director for Club Sports

Signature: _____
Phone: _____

Name: _____
Registrar Director, or Director of Student Credentials

*Signature: _____
Phone: _____
**May include official seal or stamp at the bottom of this document.*

Name: _____
Coach or Advisor

Signature: _____
Phone: _____

I hereby certify that the Majority of Season information is complete and correct and that all student-athletes competing have met all eligibility requirements at the time they proceed to the first qualifying meet and/or national championships.

Name: _____
Director, Women's Intercollegiate Athletics, Club Recreation Department, or Director for Club Sports

Signature: _____