



**US Lacrosse – Women’s Collegiate Lacrosse Associates (WCLA)**  
**Student Athlete Eligibility Verification Form – For Spring 2019 Season**  
**DUE to League Leadership: MARCH 1<sup>st</sup> or PRIOR to first game.**



**Directions:** The Head Coach or President of each USL WCLA team shall complete the entire form, obtain each student-athlete’s signature, and submit the form for the verification, signature, and seal of the Office of the Registrar for their Institution. All players in a program who meet USL WCLA Student-Athlete eligibility requirements should be included on this roster regardless of intra-squad division into A, B and/or C teams for local play purposes.

Student Athletes: By signing this form you are authorizing the release of your Educational Records to the USL WCLA, its member conferences and officers for use by said persons and organizations for the express purpose of verifying your eligibility and academic standing now and AT ANY TIME DURING THE USL WCLA SEASON OR PLAYOFFS.

**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 a USL WCLA contest. FORM MUST BE COMPLETED ENTIRELY. Form must be TYPED.** Team President and Head Coach MUST review the WCLA Operating Procedures & Bylaws in advance of the regular season to ensure compliance with the WCLA Eligibility Rules.

*Form MUST be certified for the semester/quarter that begins regular season (not in advance).*

**SCHOOL:** \_\_\_\_\_ **League:** MAWLL, NCWLL, NEWLL, NWWLL, RMWLL, SWLL, TWLL, WCLL, WWLL

**INFORMATION MUST BE TYPED AND PLAYERS SHOULD BE LISTED IN ALPHABETICAL ORDER.  
 STRIKE THROUGH ALL UNUSED CELLS BEFORE TURNING IN TO REGISTRAR FOR VERIFICATION.**

Official Team Roster							
Last Name	First Name	Middle Initial	Student I.D. Number	# of Years College Lacrosse Previously Played (0-3)	Academic Year (Fr / So / Jr / Sr / Grad)	Receiving Lacrosse Scholarship? (Yes or No)	Signature of Each Student - Athlete
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX	<b>(Strike through unused lines)</b>		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX

Form continued on page 2 Use additional forms if necessary (all must be completely entirely, including certification).

Last Name	First Name	Middle Initial	Student I.D. Number	# of Years College Lacrosse Previously Played (0-3)	Academic Year (Fr / So / Jr / Sr / Grad)	Receiving Lacrosse Scholarship? (Yes or No)	Signature of Each Student - Athlete
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX (Strike through unused lines)			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX

**Graduating Player Exception Declaration**

**Player Exception Declaration** – Players must be enrolled as an undergraduate or graduate student at the college, university, or similar institution with which her team is affiliated. Each player must be a full-time student at her university and be in good standing as defined by each institution. An exception is allowed for a player in her **final term prior to graduation** so that a player with eligibility remaining may participate in organized practice sessions and play with her team while enrolled in less than a minimum full-time program of studies, provided the student is: (i) Enrolled in the term and (ii) She is taking the credits necessary for graduation. For players listed on the OFFICIAL TEAM ROSTER who meet this exception criteria, please declare them in the fields listed below.

Player Name/#: \_\_\_\_\_ / \_\_\_\_ Year: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Player Name/#: \_\_\_\_\_ / \_\_\_\_ Year: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Player Name/#: \_\_\_\_\_ / \_\_\_\_ Year: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Player Name/#: \_\_\_\_\_ / \_\_\_\_ Year: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Player Name/#: \_\_\_\_\_ / \_\_\_\_ Year: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**Head Coach / Player Representative Signature**

- NOTE: Playing an ineligible player, or a player not listed on this Verification Form, in any WCLA contest may result in a forfeit.
- Players NOT listed on the above roster as of **MARCH 1<sup>st</sup>** are NOT eligible for the WCLA National Tournament.
- You are encouraged to email the WCLA Eligibility Chair with your questions about a player's eligibility. Appeals for hardship or special circumstances must be sent to the WCLA Eligibility Chair prior to **MARCH 1<sup>st</sup>** for review by the WCLA Leadership. *Questionable players should not participate in official games until approved.*
- Please read the mailing, deadline and hardship information on page 4 of this form prior to signing.

**Head Coach / Player Representative Certification:** I certify that I have examined the current USL WCLA rules of player eligibility within the WCLA Operating Procedures, and all listed players listed above are eligible. I understand that failure to comply with these eligibility rules may result in game forfeits.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Registrar's Office Instructions

- Please certify this form with the official stamp/seal of the Registrar in the box below (if no stamp/seal exists, include acknowledgement on official letterhead of Registrar's Office).
- Please do not certify this document if there are rows on this form that are not filled or struck-through.
- For players not meeting the definition of a full-time student according to your university's definition of full time, please indicate this by crossing the name of the player out and making a notation in the margin next to their name.

**Registration Certification:** I verify that the Student-Athletes listed are current Full-Time students according to the Records of the Office of the Registrar of this Institution.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Academic quarter/ semester for which this certification applies: \_\_\_\_\_

**Please place official Registrar seal or stamp within this box.**

**(If no stamp/seal exists, include acknowledgement on official letterhead of the Registrar's Office).**

## MAILING AND DEADLINE INFORMATION

Each team is responsible for getting the original form to their League Leadership in sufficient time so that their league can meet the final March 1<sup>st</sup> deadline. A designated league representative will collect eligibility forms from all their members and mail the forms in one package to US Lacrosse. If you are unable to work with your league leadership to coordinate delivery to US Lacrosse of your team's form, you as a team are still required to send your form directly to US Lacrosse by **March 1<sup>st</sup> or prior to your first official game.**

Email a scanned copy to [wcla@uslacrosse.org](mailto:wcla@uslacrosse.org) and copy your league (be sure to shade any raised school seals).

League: \_\_\_\_\_ League Contact: \_\_\_\_\_

League Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ League Email: \_\_\_\_\_

## HARDSHIP REQUEST INFORMATION

The WCLA Eligibility Chair and your League President must receive requests for Hardship Waivers no later than **March 1<sup>st</sup>**. Athletes in question should not participate in any official WCLA games until approval is received. Game participation prior to approval could result in forfeits. The Eligibility Chair will require proof and possibly documentation for the waiver to be considered. Please see the Committee Page on the [WCLA Website](#) for contact information for the WCLA Eligibility Chair.

**PLEASE MAKE A COPY OF THIS ENTIRE FORM, COMPLETE WITH REGISTRAR SIGNATURE, FOR YOUR TEAM RECORDS**