



APPLICATION FOR COLLEGIATE VARSITY STATUS AS RECOGNIZED BY USA CYCLING, INC.

210 USA CYCLING POINT, COLORADO SPRINGS, CO 80919
phone: 719-434-4200 fax: 719 434-4300
e-mail: interscholastic@usacycling.org

Please print in block letters. A team director with SafeSport training and a background check on file with USA Cycling must sign this form*

A. School Name: _____

B. Coaching Staff Information

Team Director: _____ USA Cycling License Number: _____
Phone: _____ E-mail: _____

Title: _____
Name: _____ USA Cycling License Number: _____
Phone: _____ E-mail: _____

Title: _____
Name: _____ USA Cycling License Number: _____
Phone: _____ E-mail: _____

Title: _____
Name: _____ USA Cycling License Number: _____
Phone: _____ E-mail: _____

Please include the name and license (account) number for any other staff as an attachment to this application.

C. Varsity Requirements**

1. Does the school with which this team is associated recognize this team as holding "varsity" status either through the athletic department or other major university initiative?

___ Yes ___ No

2. Is there at least one coach for the cycling team that is full time with the University?

___ Yes ___ No

3. Does the team distribute cycling scholarships, grants or leadership awards to athletes?***

___ Yes ___ No If yes, how much was distributed last year? \$ _____

4. What was the cost of school for students (to include tuition, room and board) in the previous year? For state schools this can be considered the in-state cost.

5. Does the team fund its riders' entry into most Collegiate Cycling races? Please mark "No" if the majority of those funds come from any kind of team dues.

___ Yes ___ No

6. Does at least 50% of the budget for the team come from the University budget?

☐ Yes ☐ No

5. Which USAC Collegiate National Championships did the team attend in the previous calendar year?

☐ Track ☐ Mountain Bike ☐ Cyclocross ☐ Road ☐ BMX

D. Athletics Department Information

If your team is not a part of the athletic department, put in the contact information for the person who fills these roles for your team.

Athletic Director: _____ Phone: _____
Email: _____

Compliance Officer: _____ Phone: _____
Email: _____

E. Verification of Information

The Athletic Director or such other school representative as can verify these answers must sign below:

Signature: _____ Date: _____
Printed Name: _____ Title: _____

The coach must sign below, verifying that all information on this form is true to the coach's knowledge:

Signature: _____ Date: _____
Printed Name: _____

* USA Cycling Collegiate Varsity Teams are encouraged to work with a licensed coach who will have met these requirements.

** Responses on this survey may be checked independently through athlete surveys, etc.

PLEASE SUBMIT THIS FORM ALONG WITH EXPLANATION FOR ANY "NO" RESPONSES TO USA CYCLING AT THE BEGINNING OF EACH SCHOOL YEAR

Revised 5/12/2021