



**Athletics Compliance Office**

**MEN'S BASKETBALL ON-CAMPUS EVALUATION (TRYOUT)**

**COACHES:** In accordance with On-Campus Evaluation rules, an institution may conduct an evaluation of a men's basketball prospective student-athlete on its campus or at a site at which it normally conducts practice or competition, provided the criteria listed below are satisfied and approved by Athletics Compliance and Sports Medicine.

**PROSPECT & TRYOUT INFORMATION**

|                                                                                                                                                                                           |                 |                    |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|--------------------------------------|
| Prospect Name                                                                                                                                                                             |                 |                    |                                      |
| Visit Type<br><input type="checkbox"/> Official Visit<br><input type="checkbox"/> Unofficial Visit                                                                                        | Date of Arrival | Date of Departure  | Tryout<br>Date: _____<br>Time: _____ |
| Type of PSA:<br><input type="checkbox"/> High School PSA <input type="checkbox"/> Prep School PSA <input type="checkbox"/> 2-Year College PSA <input type="checkbox"/> 4-Year College PSA |                 |                    |                                      |
| Current School Name: _____                                                                                                                                                                |                 | City, State: _____ |                                      |

**MEDICAL EXAM**

|                                                                                      |                      |                               |
|--------------------------------------------------------------------------------------|----------------------|-------------------------------|
| Medical Exam Provided<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Date of Medical Exam | Signature of Athletic Trainer |
|--------------------------------------------------------------------------------------|----------------------|-------------------------------|

**SICKLE-CELL SOLUBILITY TEST**

|                                                                                          |                          |                               |
|------------------------------------------------------------------------------------------|--------------------------|-------------------------------|
| Sickle Cell Test Provided<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Date of Sickle Cell Test | Signature of Athletic Trainer |
|------------------------------------------------------------------------------------------|--------------------------|-------------------------------|

**Prospect & Legal Guardian: Sign below to decline a sickle-cell solubility test and waive all liability related to the results of this test if results have not been provided. Sign below to acknowledge the following: you have read and signed the medical liability release accompanying this form, you consent to the University of Utah and appropriate personnel treating you in the event of an injury or illness, and you will be responsible for all costs related to injury or illness during a visit to the University of Utah.**

|                           |      |
|---------------------------|------|
| Prospect Signature        | Date |
| Parent/Guardian Signature | Date |

**EQUIPMENT**

|                                                                                      |                                                                                         |              |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------|
| Equipment/Gear Issued<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Equipment/Gear Retrieved<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Items Issued |
| Signature of Equipment Manager                                                       |                                                                                         | Date         |

**COACHES**

1. Has the prospect previously participated in an on-campus evaluation at Utah?     Yes     No
2. Is the prospect a high school senior or older?     Yes     No
3. Has the prospect exhausted eligibility at the high school or junior college level?     Yes     No
4. Will the on-campus evaluation occur after the conclusion of the prospect's basketball season?     Yes     No
5. Will current student-athletes participate in the tryout?     Yes     No

*I affirm the on-campus evaluation of the prospective student-athlete will be conducted in accordance with NCAA rules. Further, I will record all countable athletically related activities for all student-athletes who participate in the tryout.*

|                    |      |
|--------------------|------|
| Signature of Coach | Date |
|--------------------|------|

**On-Campus Evaluation is:**     APPROVED     DENIED

|                                   |      |
|-----------------------------------|------|
| Signature of Athletics Compliance | Date |
|-----------------------------------|------|