



Florida Institute of Technology
HIGH SCHOOL/COLLEGE PROSPECT TRYOUT FORM

Per NCAA Bylaw 13.11.2.1, a prospect may "tryout" one time for a team/institution during a 2-hour period on the institution's campus. All individuals must complete a physical within the past 6 months prior to any countable activity.

In order to be cleared for tryout, please complete the following steps:

1. Head Coach will attach a copy of the following to this form and return it to the Compliance Office PRIOR to the start of the tryout:
 - Physical (must be within the past 6 months—NO DOCTORS NOTES ARE PERMISSIBLE)
 - Sickie Cell awareness form (must include proof of sickie cell testing or waive the test)
 - Signed Risk Waiver
 - Completed Prospective Student-Athlete Health History Questionnaire
 - Prospect has been added to the recruiting section of Compliance Assistant
 - Copy of Transfer Waiver or permission to speak if 4-year prospect attached
2. Compliance Office will sign and approve tryout period and participants.
3. Head Coach will receive notification from the Compliance office that the tryout is permissible.

Prospective student-athlete to begin participation: Fall or Spring of 20_____

Sport _____ Tryout date _____

Prospect's Name _____ Date of Birth _____

HIGH SCHOOL

Name of High School _____ Graduation Date _____

ACT: ☐ Yes ☐ No Date _____ Score _____ SAT: ☐ Yes ☐ No Date _____ Score _____

Has the athlete started their senior year in high school? ☐ Yes ☐ No

Is the athlete in their term of traditional high school season? ☐ Yes ☐ No EC ID Number _____

PREVIOUS COLLEGE INFORMATION

Name of Institution	2yr/4yr	Date Attended	FT/PT	Graduate
	<input type="checkbox"/> 2yr <input type="checkbox"/> 4yr		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 2yr <input type="checkbox"/> 4yr		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 2yr <input type="checkbox"/> 4yr		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No

Two-year Transfer:

Has the athlete exhausted his/her two-year college eligibility in that sport? ☐ Yes ☐ No

Four-year Transfer:

Has Florida Tech been given permission to speak to the student? ☐ Yes ☐ No (attach copy to this form)

Seasons of competition used _____ Semesters of practice used _____ EC ID Number _____

Number of year's athletic-aid received _____ Has prospect ever signed an NLI? ☐ Yes ☐ No

By signing this form, I acknowledge:

- Student has received a physical that occurred within the last 6 months.
- All required forms are attached to this document.

Coach Signature _____ Date _____ Date of Prospect Physical _____

Tryout Approved: ☐ Yes ☐ No Compliance Signature _____ Date _____