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TM	Male Practice Player Roster						
	Addition Form						
	ILETIC COMPLIANCE OFFICE						
St	udent Information						
	ame:	Sport:		-ID:			
The follo	The following must be completed and submitted to Athletic Training prior to being approved:						
F	Proof of physical examination within the last 90 days						
F	Proof of Sickle Cell Solubility Test						
F	Provide proof of medical insurance						
The follo	The following must be submitted to Compliance prior to being added to the roster (forms available in the Compliance Office):						
	NCAA Drug Testing Consent form						
1	NCAA Student-Athlete Statement form						
1	NCAA HIPAA/Buckley Amendment Consent/Waiver Form						
	Coach Certification						
	- ,	e the above mentioned student adde udent with actual and necessary trav					
		tc.) in return for practicing with the t					
during a	during a vacation period to practice with the team.						
Head Cod	ach Signature	Date					
Athleti	c Training Certification						
Has the s	tudent completed/provided the	following:					
1.	Provided proof of a physical	examination within the last 90 days	?	Yes No			
2.	Provided proof of a Sickle Ce	ell Solubility Test?		Yes No			
3.	Provided proof of medical in	isurance?		Yes No			

By signing below, I certify that the above mentioned student has be cleared by Athletic Training and can be added to the roster by compliance.

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Athletic Training Signature	Date					
Compliance Certification						
Within 5-year clock?	🗌 Yes 📄 No	Completed HIPAA/Buckley?	Yes No			
Enrolled full-time?	🗌 Yes 📄 No	Initial eligibility status?				
Completed Drug Testing Consent?	Yes No	Meets PTD requirements?	Yes No			
Completed Student-Athlete Statement?	🗌 Yes 📄 No					
By signing below, I certify that the above mentioned student is eligible to be a male practice player.						
Compliance Signature	Date					
Added to CAi Peoplesoft updated Emailed: Sport; Financial Aid; R&R Sport AD; AT; Equipment; SAASS; Media Relations; Strength; ABO; Ticket Office						