



Department of Athletics
TRYOUT FORM
Office of Athletic Compliance

I. To Be Completed By Student-Athlete

Name: _____ Date: _____

NCAA Eligibility Center ID #: _____ *ID #: _____

Sport: _____ Date of Birth: _____

Email: _____ Phone #: _____

Permanent Address: _____

Campus Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone #: _____ Email: _____

Semester/Year First Enrolled at FSU: _____ Year at FSU: _____

Transfer Student?: YES NO If yes, please list the school(s) previously attended below.

Name of School(s) Previously Attended	Dates of Attendance
_____	_____
_____	_____

I certify that I am a full-time student at FSU (enrolled in at least 12 credit hours) and, to the best of knowledge, I am in good health and physically fit for practice and competition. I agree to comply with all rules and regulations set forth by FSU, the CIAA and NCAA. I understand that I will not be allowed to practice until I have been approved by each office in the clearance process.

Signature: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING STEPS IN THE ORDER THEY ARE LISTED

II. To Be Completed by Head Coach

The student-athlete named above will be given permission to practice/tryout with our team for a maximum of 14 days once all eligibility and physical requirements are properly documented. The student will not practice and/or participate with the team until I have received notification from the Compliance Office that eligibility has been granted. I will notify the Compliance Office at the end of the 14 day period whether the student-athlete will join the team or have no further affiliation with the team.

Start Date of Tryout: _____ Recruited: YES NO

Head Coach Signature: _____ Date: _____

III. To Be Completed by Athletic Training Staff

Has the above named student-athlete obtained the appropriate physical clearance? YES NO
Has the above named student-athlete submitted appropriate insurance information? YES NO
Has the above named student-athlete completed sickle cell testing? YES NO

The student-athlete named above has completed all medical examinations and has submitted the appropriate insurance information to participate in practice/tryout activities.

Signature of Athletic Trainer: _____ Date: _____

IV. To Be Completed By Compliance Office

Has the above named student-athlete obtained all appropriate signatures in Parts I – III? YES NO
Is the above named student-athlete enrolled full time (minimum of 12 hours)? YES NO
Added to IRL: YES NO Transfer Form (if applicable): YES NO

Status at Eligibility Center: _____

The above named student-athlete has met all FSU, the CIAA, and NCAA requirements and is eligible to practice and receive athletic equipment between the following days:

Begin Tryout Date: _____ End Tryout Date: _____

During this time, it is not permissible for the student-athlete to compete for FSU or to appear in any outside competition.

Compliance Signature: _____ Date: _____



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As soon as the tryout is completed, it is the responsibility of the head coach to notify the Compliance Office of the student-athlete's status.

Name of Student-Athlete: _____ Date: _____

Sport: _____

YES, I have agreed to allow this student-athlete to remain a member of the team. I would like the Compliance Office to begin the eligibility certification process on this student.

REMINDER: The student-athlete must complete ALL NCAA required forms prior to the next practice.

NO, the student has been notified that he/she will no longer be a member of the team and will return all equipment.

Head Coach Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE COMPLIANCE OFFICE

FOR COMPLIANCE OFFICE USE ONLY:

ADDED TO TEAM

- NCAA/FSU Paperwork completed
- Transfer Verification Sent (if applicable)
- S/A File Created
- Added to CAi
- Coded in Banner and ATHHOLD applied
- Email Notification Sent (includes: Athletic Training, Equipment, Media Services)

NOT ADDED TO TEAM

- File form

Qualifier: YES NO Amateurism Completed: YES NO

Completed By/Date: _____



ACKNOWLEDGEMENT & WAIVER FOR INDIVIDUAL TRYOUT

I, _____, an individual, do hereby acknowledge my voluntary participation in this tryout, including practice, and all activities associated with practice with the _____ team at FSU.

I hereby waive any and all claims, causes of action, rights to entitlements, suits or damages against FSU, the Athletics Department, the _____ team, or any of the employees, agents or representatives, as a result of or occurring in conjunction with, my participation. Recognizing that conditioning, practice, and participation in intercollegiate athletics involves bodily contact, physical stress, and the possibility of injury, I voluntarily assume all risks incident to my participation. I also understand that FSU will not pay for any medical expenses incurred by me during this tryout.

I also waive any and all claims to any other services, uniforms, equipment, medical or training services, academic services, tutoring, and computers, etc.

I verify that I have no physical disabilities, impairments or chemical dependencies that inhibit my participation in sport activities. I also verify that I have no pre-existing conditions for which I will claim medical assistance at a future date.

I, the undersigned, am at least 18 years of age, am competent to sign this release and have read carefully and understand all its items.

Signature of Student-Athlete

Date

Signature of Witness

Date