



NCAA DIVISION II TRYOUT FORM  
CURRENTLY ENROLLED STUDENT

**BYLAW 17.02.13**

A member institution may conduct a tryout of a fulltime student currently enrolled at the institution only on its campus or at a site at which the institution normally conducts practice or competition during the regular academic year. If such a tryout occurs outside of the declared playing and practice season, the following conditions apply:

- (a) No more than one tryout per student per sport shall be permitted during any academic year;
- (b) The student must not have been recruited (see Bylaw 13.02.10.1);
- (c) The student must be in good academic standing;
- (d) Prior to participation in a tryout, a student is required to undergo a medical examination or evaluation administered or supervised by a physician (e.g., family physician, team physician). The examination or evaluation must be administered within six months prior to participation in the tryout. The medical examination or evaluation may be conducted by an institution’s regular team physician or other designated physician as a part of the tryout;

**Date Approved by Athletic Trainer** \_\_\_\_\_

- (e) The time of the tryout activities (other than the physical examination) shall be limited to the length of the institution’s normal practice period in the sport but in no event shall it be longer than two hours;
- (f) Competition against the member institution’s team is permissible, provided such competition occurs during the academic year and is considered a countable athletically related activity per Bylaw 17.02.1;
- (g) The institution may provide equipment and clothing on an issuance-and-retrieval basis to a student during the period of the tryout; and
- (h) No more than three dates may be used to conduct tryouts in each sport.

**Date Approved by Compliance** \_\_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_

Sport \_\_\_\_\_

Address \_\_\_\_\_

City, ST Zip \_\_\_\_\_ HS Grad Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Tryout \_\_\_\_\_

**RELEASE AGREEMENT**

My son/daughter, as noted above is in excellent physical condition according to our family physician. I hereby release and forever discharge any and all rights and claims for damages against Eckerd College and any and all of its employees. I further authorize Eckerd College to act for me according to their best judgement in an emergency requiring medical attention on my son/daughter. I understand that my Insurance Policy will be used to cover the cost of any accidents or injuries and that Eckerd College is not covering this tryout under its Insurance Policies.

**I understand all the regulations regarding a NCAA Division II tryout and I meet those conditions. I further understand the release statement as written above and agree to the terms.**

Student-Athlete \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_