



TRYOUT APPROVAL FORM (NCAA BYLAW 13 & 17)

Coach: Please complete and submit this form to the Compliance Coordinator 3 days prior to a tryout.

Student's Name: _____ **Date:** _____

Enrolled Student-Athlete

Tryout start time _____ Tryout end time _____

Was the student recruited? **Yes** **No**

Is the student in good academic standing? **Yes** **No**

Is the student enrolled in 12 credit hours? **Yes** **No**

Will competition against your team be taking place? **Yes** **No**

Has the student had a physical conducted within 6 months prior to the tryout date?
Yes **No**

Prospective Student-Athlete

Tryout start time _____ Tryout end time _____

Is this the first tryout for this prospect? **Yes** **No**

Is the prospect in his/her senior year of high school? **Yes** **No**

Has the prospect exhausted eligibility in his/her sport? **Yes** **No**

If no, is the prospect enrolled in a term other than the term of his/her traditional season in which the sport occurs? **Yes** **No**

Will competition against your team be taking place? **Yes** **No**

Has the student had a physical conducted within 6 months prior to the tryout date?
Yes **No**

Coach Signature: _____ **Date:** _____

Tryout Approved: _____
Tryout Not Approved: _____

Compliance Coordinator Signature: _____ **Date:** _____

Tryout Approved: _____
Tryout Not Approved: _____

Athletic Trainer Signature: _____ **Date:** _____