

East Carolina University's Intercollegiate Tryout Process

1. To begin the tryout process, print and complete the *New Student-Athlete Tryout Form* and the *Physical Form*.
 - i. New Student-Athlete Tryout Form: There are 3 sections that must be completed in its entirety prior to receiving final approval from ECU's Athletic Office of Compliance to participate in a tryout with one of ECU's Division I intercollegiate programs. The Office of Compliance is located on the third floor of the Ward Sports Medicine Building.
 - ii. Physical Form: This form must be completed and signed by a licensed physician. To note, your physical must have taken place within 6 months before your tryout. The completed form must be personally submitted to ECU's Athletic Training Department.
2. Sickle Cell Solubility Test: All prospective tryout participants for ECU's Division I intercollegiate sport(s) **must** have a Sickle Cell Solubility Test performed at the time of your physical examination. Your results from this test must be submitted with your Physical Form at the time of submission as detailed above in item ii.



NEW STUDENT-ATHLETE TRY-OUT FORM

I. To Be Completed By Student-Athlete

Name: _____

Banner ID: _____

Sport: _____

Birth Date: _____

I understand that I cannot tryout, practice, compete, travel, or receive equipment until I complete this approval process. I will obtain signatures in the order listed within this form.

Signature of Student-Athlete: _____ Date: _____

II. To be Completed by Head Coach

Is the above named Student-Athlete recruited (circle one)?

Yes No

The Student-Athlete named above will be given permission to practice/tryout with our team once all eligibility and physical requirements are properly documented. As the Head Coach of the program, I understand that the student-athlete may not practice, compete, travel or receive equipment until I am notified by the Athletic Office of Compliance that the student-athlete has received clearance to tryout or has been officially added to the team.

Signature of Head Coach: _____ Date: _____

III. To Be Completed By Athletic Training

Has the above named student-athlete obtained the appropriate physical clearance (circle one)?

Yes No

Has the above named student-athlete completed sickle cell testing (circle one)?

Yes No

The student-athlete named above has obtained the appropriate physical clearance and has submitted the appropriate insurance information to participate in tryout activities. (This is confirmation of medical clearance only, not a declaration of NCAA eligibility).

Signature of Athletic Training: _____ Date: _____

IV. To Be Completed By the Compliance Office

Has the above named student-athlete obtained all appropriate signatures in parts I – III?

Yes No

The Student-Athlete named above has completed the checklist, and an eligibility check has been performed. Their status is listed below:

INELIGIBLE – cannot practice, compete, travel or receive equipment.

*Reason: _____

TRYOUT ONLY – can only participate in limited tryouts.

*Comment: _____

PRACTICE ONLY – can practice, but cannot compete or travel.

*Reason: _____

ELIGIBLE – can practice, compete, travel and receive equipment.

*Comment: _____

Approval Office of Compliance: _____

Date: _____