

Walk-On Clearance Form for Non-Recruited ECSU Students

Prior approval from the Athletic Trainer and Compliance Officer is required no less than five (5) days before conducting a tryout.

1. Prospective Student-Athlete Information

Name of Prospect (PSA): _____

PSA' NCAA EC ID: _____ Banner ID (if currently enrolled): _____

Date of Birth: _____ Sport: _____

2. Tryout Information

Date of Tryout: _____ Location of Tryout: _____
(must be on campus or at site of normal practice/competition)

Time Tryout Begins: _____ Time Tryout Ends: _____
(maximum time limit – 2 hours)

Coach Responsible for Tryout: _____

3. PSA Status

- High School (Senior) PSA
- Date high school eligibility completed in the sport: _____
 - If still eligible is the PSA enrolled in a term other than the term in which the TRADITIONAL season is played?
_____ Yes _____ No

- Two-Year College PSA
- Date PSA's sport season ended: _____

- Four-Year College PSA
- Date PSA's sport season ended: _____
 - REQUIRED prior written permission to contact PSA obtained from institution:
_____ Yes _____ No
 - If yes date: _____

- Currently Enrolled Student
- Tryout will occur prior to the beginning of playing season? Yes No
 - If yes, please complete the following**
 - 1. Is this the first prospect's tryout conducted this academic year? Yes No
 - 2. Was the student recruited? Yes No
 - 3. Is the student in good academic standing Yes No
 - 4. Verified by Compliance Officer (**completed by CO**) Yes No

4. Acknowledgements

- I have read and fully understand the tryout rules and regulations.
- I understand that as a head coach I am REQUIRED to:
 - Submit a Tryout Request Form for **EACH PSA no later than seven (7) days prior to tryout**
 - Obtain prior approval from the Compliance Officer
 - Obtain prior written permission (release) for any 4-year transfer (**You are required to obtain a release even if the PSA was enrolled and did not participate in intercollegiate athletics**)
- I understand that the PSA has **NEVER** tried out in this particular sport at Queens.

5. Athletic Training Approval (completed by Athletic Trainers)

- | | | |
|---|----------------|-------------|
| 1. Signed Waiver of Liability (If PSA is under the age of 18 a parent/ legal guardian MUST sign the Waiver of Liability) | _____ | _____ |
| | <i>Initial</i> | <i>Date</i> |
| 2. Approved copy of current physical to tryout (All PSA's are required to have proof of a physical conducted by an MD or doctor of orthopedic medicine no later than six (6) months prior to the tryout date) | _____ | _____ |
| | <i>Initial</i> | <i>Date</i> |
| 3. Proof of (copy of insurance card) valid medical and athletics insurance | _____ | _____ |
| | <i>Initial</i> | <i>Date</i> |
| 4. Proof of sickle cell test results or waiver | _____ | _____ |
| | <i>Initial</i> | <i>Date</i> |

6. Approval

_____ *Head Coach Signature* _____ *Date*

_____ *Assistant AD for Compliance Signature* _____ *Date*

**Elizabeth City State University
Athletic Recruit Pre-Participation Examination Form**

Sport _____

****Complete in black or blue ink only****

Name _____

Date of Birth _____

Height _____

Weight _____

Pulse _____

Blood Pressure _____ / _____

Vision: R 20 / _____ L 20 / _____

Corrected Vision: YES NO

Pupils: Equal Unequal

	NORMAL	ABNORMAL FINDINGS	INITIALS**
CLINICAL EVALUATION			
Eyes			
Ears (internal & external)			
Nose			
Mouth & Throat			
Abdomen & Viscera			
Heart			
Lung & Chest			
ORTHOPEDIC EVALUATION			
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand / Fingers			
Hip / Thigh			
Knee			
Lower Leg / Ankle			
Foot / Toes			

****Multiple Examiner Set-up Only**

Examination Results:

- Cleared without restrictions
- Cleared, with recommendations for further evaluation or treatment for: _____

- Not cleared for participation Reason / Recommendations:

Name of Physician (print / type / stamp) _____

Date _____

Address _____

Phone # _____

Signature of Physician (only valid if signed by an MD or DO) _____

ATHLETIC RECRUIT INFORMATION SHEET

Full Name of Athletic Recruit: _____

Sport Participating In: _____

Name of Parents or Guardian: _____

Home Address: _____
Street City, State Zip Code

Home Telephone: _____ SSN#: _____

Date of Birth: _____

In case of emergency notify: _____

Does the athletic recruit have any known allergies including medications? ____Yes ____No
If yes, please list: _____

Is there any reason the athletic recruit should not participate in athletic activities? ____Yes ____No
If yes, please explain: _____

INSURANCE INFORMATION

Does any group or individual hospitalization plan cover the athletic recruit? ____Yes ____No
If yes, please complete the following information:

Medical Insurance Company Name & Phone Number _____

Policy Certificate Number _____

Address of Medical Insurance Company _____

Policy Holder's Name _____

****PLEASE PROVIDE A PHOTOCOPY OF THE FRONT & BACK OF YOUR INSURANCE CARD**

****PLEASE PROVIDE A PHOTOCOPY OF YOUR MOST RECENT PHYSICAL (must be dated within the current academic school year)**

ATHLETIC RECRUIT RELEASE FORM

In consideration of being allowed to participate in active tryouts for intercollegiate athletics at Elizabeth City State University, the undersigned verifies:

1. **CERTIFICATION OF FITNESS TO PARTICIPATE:** I attest that I/my minor child am physically and mentally fit to participate in an athletic tryout for Elizabeth City State University, and that I/my minor child do not have any medical record of history that could be aggravated by my participation in the intercollegiate athletic team tryout.
2. **ASSUMPTION OF RISK:** I attest that I/my minor child acknowledge and fully understand that he/she will be engaging in activities that may involve risk of serious injury including permanent disability and death. Further, there may be other risks not known to us or not reasonably foreseeable at this time. I/my minor child also assume all risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
3. **MEDICAL CONSENT:** I understand and agree that Elizabeth City State University may not have medical personnel available at the location of the athletic tryout. In the event of any medical emergency, I (initial one) do ____ do not ____ authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that Elizabeth City State University personnel deem necessary for my/my minor child's safety and protection. I understand and agree that Elizabeth City State University assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
4. **PERSONAL MEDICAL INSURANCE: (please check ONE)**
 - I agree that I/my minor child currently is covered by and will and maintain during the term of the athletic tryout personal medical insurance. I further acknowledge that I am responsible for the cost of any and all medical and health services I/my minor child may require as a result of participating in the athletic team tryout.
 - I agree that I/my minor DOES NOT have current personal medical insurance coverage. I further acknowledge that I am responsible for the cost of any and all medical and health services I/my minor child may require as a result of participating in the athletic team tryout.
5. Intending to be legally bound, do hereby release, waive, discharge, and covenant not to sue Elizabeth City State University and its representatives from any and all liability to the undersigned for any claims, demands, losses, or, damages on account of injury.

The undersigned having read the above waiver and release, understands that he/she has given up substantial rights by signing it and signs it voluntarily. If athletic recruit is under 18 years of age and/or is covered under parent's insurance, a parent's signature is required.

I HAVE READ THIS RELEASE.

Athletic Recruit's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____