



**HUSKIE ATHLETIC COMPLIANCE OFFICE
TRY-OUT PAPERWORK PROCESS**

Please read carefully the steps listed below. You must complete all steps BEFORE you can practice.

Step 1: Fill out the top portions of the Try-Out Clearance Form you received from the Coaching Staff

Step 2: Please complete the following for the ATHLETIC TRAINING ROOM:

- ✓ Assumption of Risk and Hold Harmless Agreement
- ✓ Try Out Participant Information Form
- ✓ Provide proof of a Physical Exam within the last 90 days

Note: Upon notification of making the team you MUST report to your sport's athletic trainer to schedule a pre-participation physical in order for you to continue participating.

**Once completed steps 1-2 above, you need to complete the following steps in the order your paperwork can be reviewed and you can be cleared to Try-Out.
DON'T FORGET TO BRING YOUR CLEARANCE SHEET!!**

1. **Athletic Training Room:** (*Office- located in the Yordon Center- Athletic Training Room*) An athletic trainer will check your paperwork and release you for participation only if all your paperwork is in order and all forms have been completed as instructed. The athletic trainer will sign the Try-Out Clearance Form and return it to you so you can bring it to the Compliance Office.
2. **Huskie Athletic Compliance Office.** (*Office- located in the Convocation Center Room 217*). The compliance office will check your academic status, confirm your recruited status, review all compliance related paperwork and sign clearance sheet to clear you to practice **ONLY**. The Huskie Athletics Compliance Office will notify your coaches and attending athletic trainers of your clearance to practice. The completed clearance form will be filed in the Compliance Office. You do not need to hand the paperwork to a person, you can leave it in their office!
3. Upon notification from the coach, you will be able to attend practice and the coach will notify you if you have made the team.
 - ✓ If you make the team, you **MUST** register with the NCAA Eligibility Center and Amateurism Clearinghouse **IMMEDIATELY** if you have not already done so. The NCAA permits participation in practice activities for **14-days for recruited student-athletes** and **45-days for non-recruited student-athletes** who have not been issued a status with the Eligibility Center.
 - ✓ If you make the team, you **MUST** see your sport's athletic trainer to schedule a pre-participation physical in order to continue participating in practice activities.

**REMEMBER: YOU MUST COMPLETE ALL OF THE ABOVE STEPS
BEFORE YOU WILL BE PERMITTED TO TRY-OUT**

ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

I understand and accept that participation in competitive sports and related training requires a personal assumption of risk of injury/illness. In the event of an injury/illness during or related to training, traveling, participating, or a tryout for an intercollegiate athletic team at Northern Illinois University, I, _____, understand and accept the general and specific personal risks involved. I acknowledge that the University undertakes no legal or financial responsibility for me when I am trying out, traveling, training or participating in student activities during the course of university programs whether for academic credit or not. In the absence of gross negligence, I agree to assume all those risks in this activity that may cause me property damage or loss, personal or bodily injury, including death, medical costs and other consequential losses that may arise during my training, trying out, traveling, or participation in my sport: _____.

I agree that in the absence of gross negligence neither I, my parents or guardian, if applicable, nor my heirs or personal representative will hold the State of Illinois, Northern Illinois University, its Board of Trustees or any of its employees or agents legally or financially responsible for any injuries, losses, damages or expenses incurred from any injury/illness arising from my traveling, training, participating or trying out for my sport.

I have received a recent physical medical evaluation by a qualified physician to determine my ability to undertake the rigors of the physical activities associated with trying out for my sport. I declare and certify that to the best of my knowledge and belief I am physically fit, and have sufficiently trained for this athletic team try out. Based on these representations on which representatives of Northern Illinois University may legally and morally rely without qualification, I request permission to participate in the tryout for my sport: _____.

Please answer the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| Have you ever passed out during or after exercise? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever had any chest pain during or after exercise? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever become ill from exercising in the heat? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Agreed by:

Student's Signature

Date

Agreed by:

Parent/Guardians Signature

Date

(Required if student is under 18 years of age)



Intercollegiate Athletics: Try-Out
NORTHERN ILLINOIS UNIVERSITY
ATHLETIC TRAINING



To Be Completed by Participant

Student-Athlete Information:

Name	
NIU ID #	
Social Security #	
Date of Birth	
Cell Phone #	()
Campus Address	

Emergency Contact Information

Name(s)	
Relationship	
Address(Home)	
City, State, Zip	
Home Phone #	()
Cell Phone #	

Are you allergic to:

Circle One

PENICILLIN Yes No
 SULFA DRUGS Yes No
 OTHER DRUGS Yes No
 INSECT/FOOD Yes No

Do you:

Circle One

Take Medications Regularly Yes No
 Take Nutritional Supplements Yes No
 Have Asthma Yes No
 Have Diabetic Concerns Yes No

If you circled yes to any of the above please explain on back:

PHYSICAL EXAMINATION (TRY-OUT 2011-2012)

Vision: Corrected / Uncorrected L _____ R _____ **Height** _____ **Weight** _____

B/P: auto / manual _____ **Pulse** _____ **Pupils equal:** YES/NO

Sickle Cell Solubility Test lab result documentation is required to be on file with NIU Athletics PRIOR to ANY PARTICIPATION.

This test may take several days to get results from. Please plan several days ahead and check with the physician performing the physical. Prior results will be accepted if from a verifiable provider.

Sickle Cell Test Date and Result _____ (attach results form)

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
E/E/N/T			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (Males only)			
Skin			
Other			

Comments or Assessment:

CLEARANCE IS:

1. Without Restriction
2. Pending due to _____
3. Deferred due to _____

Signed: _____ Physician Date _____

Address & Phone of Physician (Preferably Office Stamp)

If additional space is required, attach notes to this form.

Physician Use Only



TRY-OUT CLEARANCE FORM

HUSKIE ATHLETIC COMPLIANCE OFFICE

STUDENT ATHLETE INFORMATION

Name: _____

Sport: _____

Z ID: _____

Birth Date: ____ - ____ - ____

Have you ever walked on to a team at NIU in the past? Yes No

If yes, what sport(s)? _____

Semester(s)/Year(s)? _____

ATHLETIC TRAINING

Yordon Center

PHYSICAL EXAM/LIABILITY CHECK: Has the above student has submitted the following information?

Yes No Release of Liability (attached)?

Yes No Has student obtained a physical exam within the past 90 days (before first day of try-outs)?

Student cleared for tryout period only.

Athletic Trainer

Date

HUSKIE ATHLETIC COMPLIANCE OFFICE

Convocation Center – 217

NIU Enrollment:

Fall Spring Year: _____

Yes No Enrolled full-time (12 hours) at NIU?

Yes No Attended prior institution full-time?

Type of Transfer (check one):

4-Year 2-Year 4-2-4-Year

Registered with NCAA Eligibility Center? Yes No

IE Status (check one):

Amateur Status (check one):

Qualifier

Final Certified

Non-Qualifier

Preliminary Certified

Pending

Not Certified

Not Registered

PRELIMINARY ELIGIBILITY

Check One: Recruited (14-day grace period) Non-Recruited (45-day grace period) Practice Start Date: _____

Yes No Is the student within his/her five-year eligibility clock (Bylaw 14.2.1)?

Yes No Is the student a transfer (Bylaw 14.5)?

Yes No N/A If 4-Year, was permission to speak granted or a year elapsed since withdrawn (Bylaw 13.1.1.3)?

Yes No N/A Has a transfer evaluation been initiated/conducted to verify eligibility?

CLEARED FOR TRY-OUT

NOT CLEARED FOR TRY-OUT

The abovementioned student-athlete has been cleared to practice for a tryout period *only*. Coaches must notify the Huskie Athletic Compliance Office when a determination has been made as to this try-out's status. Coaches must complete a Late Addition to Team Roster Form when a try-out SA is to be added to a roster.

Compliance Office: _____

Date: _____