

Northern Illinois University Intercollegiate Athletics

TRY-OUT CLEARANCE FORM

Student's Name: _____ Date: _____

Social Security #: _____ Sport _____

I certify that I am a full-time student (enrolled in a minimum of 12 hours) at Northern Illinois University and to the best of my knowledge, I am in good health and physically fit for practice and competition. I agree to comply with all the rules and regulations of Northern Illinois University, the Mid-American Conference, and the NCAA. I understand that I will not be allowed to practice until I have obtained a Try-Out Approval Form.

Student's Signature

Date

Step #1: Obtain approval of the **head coach:**

I agree to allow the student to participate for no more than 14 days.

Coach's Signature

Date

Step #2: Obtain approval from **NIU Athletic Training :**

The student has completed & signed the Assumption of Risk/Consent Waiver and documentation of physical within the last 3 months has been presented.

Trainer's Signature

Date

Step #3: Obtain approval from the **Compliance Office:**

It has been determined that the student is enrolled as a full-time student at NIU (minimum of 12 hours) and has met the necessary requirements to be issued a Try-Out Approval Form.

Compliance Office's Signature

Date