What is Today's Date?: \_\_\_\_\_



## **WALKON INFORMATION SHEET**

## FILL OUT THIS FORM TO BE NOTIFIED OF FUTURE TRYOUT DATES

Name:			
Full-Time Southern Miss Student?:	Y / N	# of hours enrolled:	-
Registered with NCAA Clearinghouse?:	Y / N	Clearinghouse ID #:	
USM ID #:	Major:	Expected Grad:	
Cell #: ()	Email:		
Date of Birth:	Socia	al Security #:	
Local Address/Dorm (Room #):			
-	City)	(St.)	(Zip)
High School/Junior College & Graduation	1 Date:		
High School / JC Coach:		Coach Phone #:	
Position: Height:	Weight	:: Have personal health in	surance?: Y / N
List all injuries:			
To try out, you MUST : (1) Have	proof (photocopied	d card) of valid Health Insurance (Medicaid	not accepted)
<b>(2)</b> Have	certified Blood Wo	rk results (CBC and Sickle Cell)	
<b>(3)</b> Ohtai	n a nhysical within	90 days before appounced tryout date	