

Walk-On/Try-Out Clearance Card

Name: _____ SS#: _____

Sport: _____ Academic Year: _____ Try Out Dates: _____

Email Address: _____

Coach's Signature: _____

******MUST HAVE SIGNATURE BEFORE PAPERWORK PROCESS CAN BEGIN******

1. Proof of Enrollment (Transcript or class schedule)
12 credit hour minimum to try-out
(15 Required if you make the team)
2. Initial Eligibility Clearinghouse/Continuing Eligibility
3. Proof of valid primary health insurance (copy back and front)
4. Proof of current physical exam
5. Signed liability release & assumption of risk agreement
6. Forms and walk-on clearance card returned to Athletic Department

Office Use Only:

Initials & Date

Initials & Date

Initials & Date

Initials & Date

Initials & Date

Initials & Date