

# GEORGIA STATE UNIVERSITY

## WALK-ON STUDENT CLEARANCE

You must complete all information BEFORE you can try-out for a particular team  
*Signatures must be obtained in the order listed.*

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Sport: \_\_\_\_\_ Panther ID # \_\_\_\_\_  
High School Graduation Date: \_\_\_\_\_

Did you register with the NCAA Eligibility Center? Y / N (circle one)

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

First term of enrollment at Georgia State: \_\_\_\_\_

First term of enrollment at Any Institution \_\_\_\_\_

I certify that I am a full-time student at Georgia State University (or fully admitted) and to the best of my knowledge I am in good health and physical fit for competition. I agree to comply with all the rules and regulations of this University, the CAA, and the NCAA. In understand that I will not be allowed to tryout until I have been notified by the Office of Compliance after my paperwork has been finalized.

\_\_\_\_\_  
*Student Signature* \_\_\_\_\_ *Date*

### Head Coach Approval

The above named student will be given permission to tryout once all eligibility and physical requirements are properly documented.

\_\_\_\_\_  
*Coach's Signature* \_\_\_\_\_ *Date*

### Office of Sports Medicine

Physical completed \_\_\_\_\_ Insurance forms received \_\_\_\_\_ Drug testing consent \_\_\_\_\_

Medical Authorization received \_\_\_\_\_ Assumption of Risk received \_\_\_\_\_

\_\_\_\_\_  
*Head Trainer's Signature* \_\_\_\_\_ *Date*

### Office of Student-Athlete Development

Full-time student \_\_\_\_\_ Number of hours taken \_\_\_\_\_ CAPP/PACE form on file \_\_\_\_\_

\_\_\_\_\_  
*Athletic Academic Advisor Signature* \_\_\_\_\_ *Date*

### Office of Compliance

Eligible for: Practice and Competition \_\_\_\_\_ Practice only \_\_\_\_\_ Try-out only \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Assistant AD for Compliance Signature* \_\_\_\_\_ *Date*