



# Roster Tryout & Addition Form

Office of Athletic Compliance – Rutgers, The State University of New Jersey

**Please ensure this Form is Submitted at least 48 Hours Prior to the Proposed Tryout/Addition to Ensure Sports Medicine has Adequate Time to Process the Medical Information**

## Step 1: Student-Athlete Information (*Tryouts Only: bring class schedule, Proof of Physical, Insurance Information*)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Sport: \_\_\_\_\_ DOB: \_\_\_\_\_ Year Graduated HS: \_\_\_\_\_  
RUID#: \_\_\_\_\_ NetID (e.g. AB1234): \_\_\_\_\_  
RU E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_  
1<sup>st</sup> Term/Yr. at RU: \_\_\_\_\_ 1<sup>st</sup> Term/Yr. 1<sup>st</sup> at Any Institution (JuCo/4-Year): \_\_\_\_\_  
Please list the institution(s) previously attended (if applicable): \_\_\_\_\_  
Year/Term of Previous tryouts (if applicable): \_\_\_\_\_  
**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Step 2: Head Coach Approval

As the head coach, by signing below, I signify that this student has met all of the above tryout/roster addition steps, has attached a class schedule to this document, and I have been approved by my sport administrator to hold a tryout for this individual.

**Head Coach Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Step 3: Office of Athletic Compliance Tryout Approval (If Applicable)

Eligibility Review for Tryout: ☐ Enrolled Full-time ☐ PTC on file(If applicable) ☐ Waiver Completed  
☐ First Tryout(If applicable) ☐ Amateurism cleared(If applicable) ☐ Proof of Physical Rec'd

Student is: ☐ Not Eligible to Tryout ☐ Eligible to Tryout ☐ Eligible to Tryout for 14 Days: \_\_\_\_\_

**Compliance Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Step 4: Rutgers Athletics Sports Medicine Roster Addition Approval (If Applicable)

☐ Approved for Roster Addition & Approved for all CARA ☐ Not Approved for a Roster Addition

**Rutgers Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Step 5: Office of Athletic Compliance Roster Addition Approval (If Applicable)

Eligibility Review for Roster Addition:

☐ SA added to JumpForward/TeamWorks ☐ SA added to the IRL ☐ SA PTC on file (If applicable)  
☐ SA certified by EC for academics ☐ SA certified for amateurism ☐ SA transfer tracer(s) received (if applicable)  
☐ SA completed NCAA/Compliance Forms

Student is: ☐ Eligible to Practice ☐ Eligible to practice for 45 Days: \_\_\_\_\_ ☐ Eligible to Compete

**Sport Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Compliance Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_