



# 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:** \_\_\_\_\_