



Compliance Office

This form outlines the steps that a student must complete in order to try-out on an athletics team at UNCG. It is necessary to confirm that each student meets the basic eligibility, academic and physical/health requirements for participation. The student will not be permitted to try-out, practice or receive equipment until he/she has completed this entire form and returned to Compliance for approval. This form only certifies eligibility for Practice, NOT Competition.

PART I. COACH'S AUTHORIZATION FOR TRYOUT (completed by Sport's Coaching Staff)

The student named below has my permission to attempt to become a member of my team. I understand that he/she will be included on all rosters, the squad list and in research data used for the academic year if added to the team. This student will not practice and/or participate for my team until I have been notified that eligibility has been certified by Compliance.

Signature of Head/Assistant Coach Date

PART II. STUDENT INFORMATION (To be completed by Student)

Name (First, MI, Last): Sport:

UNCG ID #: NCAA Eligibility Center ID #: DOB:

Date Entered UNCG: Date Entered Any College (full-time):

Cell/Local Phone: Student E-mail address:

Local Address: (Street) (City) (State) (Zip)

Status: Freshman Transfer Continuing UNCG Student

HIGH SCHOOL/PREP SCHOOL INFORMATION

Name of Institution Location (city/state) Grad Date (mo/yr)

PREVIOUS COLLEGE INFORMATION

Name of Institution 2-Year or 4-Year Dates Attended Full-time or Part-Time Graduate (Y or N)

AA Degree: Yes No Date Completed: Date Expected:

If you attended a 4-year institution, has permission to contact been sent to UNCG? Yes No

I certify that the information stated above is accurate to the best of my knowledge.

Signature of Student: Date:



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PART III. MEDICAL CLEARANCE & PROOF OF INSURANCE (To be completed by Athletic Training Staff)

Before you are permitted to try-out and become an official member of any athletics team at UNCG, you must be physically cleared including Sickle Cell results and show proof of insurance. (Physical must have occurred in last 6 months.)

I certify that \_\_\_\_\_ has been medically cleared including Sickle Cell results to participate and shown proof of insurance.

Signature of Athletic Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

PART IV. ACADEMIC INFORMATION (Compliance Office)

Date Entered UNCG: \_\_\_\_\_ Date Entered Any College (full-time): \_\_\_\_\_

Transfer:  Yes  No

Name of Institution \_\_\_\_\_ 2-Year or 4-Year \_\_\_\_\_ Dates Attended \_\_\_\_\_ Full-time or Part-Time \_\_\_\_\_ Graduate (Y or N) \_\_\_\_\_

AA Degree:  Yes  No Date Completed: \_\_\_\_\_ Date Expected: \_\_\_\_\_

Currently Enrolled at UNCG:  Yes  No Enrolled Hours: \_\_\_\_\_ Full-time:  Yes  No

Designated Major: \_\_\_\_\_

Registered with the Eligibility Center:  Yes  No Initial Eligibility Certified  Yes  No

Amateurism Certified:  Yes  No

Missing Document/Comments: \_\_\_\_\_

Eligible to Tryout:  Yes  No Eligibility to Practice:  Yes  No Eligible to Compete:  Yes  No

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

Signature of Compliance Office: \_\_\_\_\_ Date: \_\_\_\_\_