



## Walk on Tryout Form

Prior to conditioning, practice, or competition, it is the student-athlete's responsibility to have this form completed in its entirety. In order to try out, you must be a full-time student of WVU's main branch campus.

### TO BE COMPLETED BY STUDENT:

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Sport: \_\_\_\_\_

Email Address (mix account): \_\_\_\_\_

Phone Number: \_\_\_\_\_

DOB: \_\_\_\_\_

High school: \_\_\_\_\_

High school graduation date: \_\_\_\_\_

Were you provided an "official visit" (expense paid) to the WVU Campus?

Yes ☐ No ☐

Did the coaching staff arrange an in-person, off-campus meeting with you or your family?

Yes ☐ No ☐

(e.g., a coach visiting your home or meeting with you after a high school game)

Did you or your family members receive more than one telephone call from the WVU coaching staff?

Yes ☐ No ☐

Have you ever participated in college athletics? \_\_\_\_\_

If yes, which sport(s)? \_\_\_\_\_

*Please outline your collegiate athletics participation history below. (Circle "Y" for yes and "N" for no.)*

Year	Institution	Sport	Practiced?	Competed?	Received Athletics Aid?
			Y N	Y N	Y N
			Y N	Y N	Y N
			Y N	Y N	Y N
			Y N	Y N	Y N

I certify the above answers are correct and accurate. I also understand that I must complete the requirements of the NCAA Eligibility Center to determine my amateurism & qualifier status. I also understand that if I am added to the roster of a sport, I must return to the Athletic Compliance Office to complete all paperwork required by the NCAA.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR COMPLIANCE/ATHLETIC TRAINING USE ONLY:

☐ Proof of full-time enrollment

☐ Medical clearance dated within the past 6 months

☐ Proof of insurance

Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Phone #: \_\_\_\_\_

☐ Denied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Reason)

Compliance Approval: \_\_\_\_\_

(Initial)

Original: Athletic Compliance