



New Student-Athlete/Walk-On Practice/Eligibility Certification Form

Date: _____ Sport: _____ Social Security Number: _____

Print Name: _____

Are you receiving athletic scholarship (circle one): **YES** **NO**

Student-Athlete Signature

Date

To the Head Coach:

This student CANNOT practice/workout with your team and equipment should not be issued until you have been notified by the Compliance Staff that his/her practice eligibility has been certified.

To the Student:

Before it is permissible for you to practice or engage in any workout activities, you **MUST** meet with all individuals below, in the order they are listed, obtain their signatures and return this form to the Compliance Office (Cox Communications Athletic Center, Room 109). At that time, your eligibility for practice/workouts will be reviewed. **You and your coach will be notified as soon as you are eligible for practice.** The walk-on/tryout process and the contact information for each individual that you must meet with are detailed on the reverse side of this form.

Required Signatures:

1) Head Coach _____

2) Athletic Training (*Insurance, Paperwork*) _____

3) Athletic Training (*Physical/Medical Clearance*) _____

4) Academic Advisor (*Full-time Enrollment*) _____

5) Compliance (*Clearinghouse, Financial Aid, Paperwork*) _____

Before you can begin practice or engage in workout activities, this form must be completed in the order listed above. Please contact either your head coach or the Compliance Office (337-482-5195) if you have any questions about completing this form.