BASKETBALL ON-CAMPUS EVALUATION (OCE) APPROVAL FORM

Form must be received 48 hours prior to OCE in order to be approved

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Prospect Name	e: E0	C ID #:	DOB:	
Name of High School/Prep School/JC/4-year College:				
	Sr. H.S./Prep School Prospect Date High School Season Completed:			
	Two-year College Prospect	Date Prospect Exhausted the	eir JC Eligibility:	
	Four-year College Prospect Date Prospect finished their season:		season:	
Date of Prospe	ect's Visit:	Official Visit	Unofficial Visit	
Date of On-Ca	mpus Evaluation:	Start Time:	End Time:	
Will current student-athletes be involved? YES NO				
Please list those student-athletes that will participate in the OCE (countable toward their daily/weekly limits):				
I certify that all the above information accurate, and if any changes are made, I will contact the compliance office immediately.				
Signature of Head Coach Date COMPLIANCE APPROVAL:				
	COM BIN CE IN THE	Compliance Office	 Date	
Attach these documents to OCE Approval Form upon submission to athletic training, who will forward to				
compliance once the approval form has been signed by trainer and/or physician:				
Documentation the prospect has had a medical examination/evaluation administered/supervised by a physician within six months before participation in the OCE or within six months of the start of their most recent basketball season.				
UL Sick	UL Sickle Cell Solubility Test Form (and results if necessary)			
UL Informed Consent and Release of Liability Form signed by prospect and parents/legal guardian (if under 18 years old)				
Signature of Athle	etic Trainer Date	Signature of Team Physician (if n	needed) Date	
Post-OCE confirmation that CARA log(s) match OCE Approval Form Date Compliance Initials and attachments have been filed in the compliance office with the visit forms				