

**IPFW Athletic Department  
Men's Basketball On-Campus Evaluation Form  
Office of Athletic Compliance**

**I. To Be Completed By Prospective Student-Athlete**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
NCAA Eligibility Center ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
High School/JC Name and Address: \_\_\_\_\_  
Year in High School/JC: \_\_\_\_\_ Has your season concluded?: YES NO  
Have you exhausted your high school or junior college eligibility?: YES NO  
Transfer Student?: YES NO If yes, please list the school(s) previously attended below.

Name of School(s) Previously Attended	Dates of Attendance
_____	_____
_____	_____

I certify that I am eligible to participate in an evaluation with IPFW in the sport of men's basketball and that, to the best of knowledge, I am in good health and physically fit for practice and competition. I agree to comply with all rules and regulations set forth by IPFW, the Summit League and NCAA. I understand that I will not be allowed to participate until I have been approved by each office in the clearance process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE COMPLETE THE FOLLOWING STEPS IN THE ORDER THEY ARE LISTED\***

**II. To Be Completed by Head Coach**

The student-athlete named above will be given permission to participate in an on-campus evaluation with our team once all eligibility and physical requirements are properly documented. The student will not participate until I have received notification from the Compliance Office that eligibility has been granted.

Date and Time of Evaluation: \_\_\_\_\_ Official or Unofficial Visit: \_\_\_\_\_  
Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. To Be Completed by Athletic Training Staff**

Has the above named student-athlete obtained the appropriate physical clearance?      YES      NO

Has the above named student-athlete submitted appropriate insurance information?      YES      NO

Has the above named student-athlete completed sickle cell testing?      YES      NO

The student-athlete named above has completed all medical examinations and has submitted the appropriate insurance information to participate in an on-campus evaluation.

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

**IV.      To Be Completed By Compliance Office**

Has the above named student-athlete obtained all appropriate signatures in Parts I – III?      YES      NO

Added to IRL:      YES      NO      Transfer Form (if applicable):      YES      NO

Status at Eligibility Center: \_\_\_\_\_

The above named student-athlete has met all IPFW, the Summit League, and NCAA requirements and is eligible to participate in an on-campus evaluation.

Compliance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT & WAIVER FOR ON-CAMPUS EVALUATION**

I, \_\_\_\_\_, an individual, do hereby acknowledge my voluntary participation in this evaluation with the Men's Basketball team at IPFW.

I hereby waive any and all claims, causes of action, rights to entitlements, suits or damages against IPFW, IPFW Athletics, the Men's Basketball team, or any of the employees, agents or representatives, as a result of or occurring in conjunction with, my participation. Recognizing that conditioning, practice, and participation in intercollegiate athletics involves bodily contact, physical stress, and the possibility of injury, I voluntarily assume all risks incident to my participation. I also understand that IPFW will not pay for any medical expenses incurred by me during this evaluation.

I verify that I have no physical disabilities, impairments or chemical dependencies that inhibit my participation in sport activities. I also verify that I have no pre-existing conditions for which I will claim medical assistance at a future date.

I, the undersigned, am at least 18 years of age, am competent to sign this release and have read carefully and understand all its items.

\_\_\_\_\_  
*Signature of Student-Athlete*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*