

**IPFW Athletic Department  
TRYOUT FORM  
Office of Athletic Compliance**

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

NCAA Eligibility Center ID #: \_\_\_\_\_ IPFW ID #: \_\_\_\_\_

Sport: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Semester/Year First Enrolled at IPFW: \_\_\_\_\_ Year at IPFW: \_\_\_\_\_

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 a full-time student at IPFW (enrolled in at least 12 credit hours) and, 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 practice 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 practice/tryout with our team for a maximum of 14 days once all eligibility and physical requirements are properly documented. The student will not practice and/or participate with the team until I have received notification from the Compliance Office that eligibility has been granted. I will notify the Compliance Office at the end of the 14 day period whether the student-athlete will join the team or have no further affiliation with the team.

Start Date of Tryout: \_\_\_\_\_ Recruited: YES NO

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 practice/tryout activities.

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  
Is the above named student-athlete enrolled full time (minimum of 12 hours)?      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 practice and receive athletic equipment between the following days:

Begin Tryout Date: \_\_\_\_\_ End Tryout Date: \_\_\_\_\_

During this time, it is not permissible for the student-athlete to compete for IPFW or to appear in any outside competition.

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

**IPFW Athletic Department  
COMPLETION OF TRYOUT FORM  
Office of Athletic Compliance**

As soon as the tryout is completed, it is the responsibility of the head coach to notify the Compliance Office of the student-athlete's status.

Name of Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

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

YES, I have agreed to allow this student-athlete to remain a member of the team. I would like the Compliance Office to begin the eligibility certification process on this student.

**REMINDER: The student-athlete must complete ALL NCAA required forms prior to the next practice.**

NO, the student has been notified that he/she will no longer be a member of the team and will return all equipment.

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO THE COMPLIANCE OFFICE**

**FOR COMPLIANCE OFFICE USE ONLY:**

ADDED TO TEAM

- NCAA/IPFW Paperwork completed
- Transfer Verification Sent (if applicable)
- S/A File Created
- Added to CAi
- Coded in Banner and ATHHOLD applied
- Email Notification Sent (includes: Athletic Training, Equipment, Media Services, MAP Center)

NOT ADDED TO TEAM

- File form

Qualifier:    YES    NO                    Amateurism Completed:    YES    NO

Completed By/Date: \_\_\_\_\_

**ACKNOWLEDGEMENT & WAIVER FOR INDIVIDUAL TRYOUT**

I, \_\_\_\_\_, an individual, do hereby acknowledge my voluntary participation in this tryout, including practice, and all activities associated with practice with the \_\_\_\_\_ team at IPFW.

I hereby waive any and all claims, causes of action, rights to entitlements, suits or damages against IPFW, the Athletic Department, the \_\_\_\_\_ 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 tryout.

I also waive any and all claims to any other services, uniforms, equipment, medical or training services, academic services, tutoring, and computers, etc.

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*