

# CLEMSON COMPLIANCE

## Student-Athlete Tryout/Male Practice Player Approval Form

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### Step 1: Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

CUID: \_\_\_\_\_ Clemson Email: \_\_\_\_\_@clemsun.edu Sport: \_\_\_\_\_

First Term Enrolled at Clemson : \_\_\_\_\_ (Semester / Year)

Have you ever attended another 2 or 4-year institution as a full-time student? . . . If yes, please list colleges previously attended and the dates of attendance.

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### Step 2: Head Coach Approval

The student named above has requested permission to tryout with your team for a **maximum** of **14 days**.

- The student cannot practice or participate with the team until you have received notification from CUACS that eligibility has been granted.
- You must notify CUACS at the end of the 14-day period whether the student will join the team or if they will have no further affiliation with the team.
- If added to the team, you will need to submit a Squad List Change Form in ARMS and the new student-athlete will need to complete all compliance paperwork before they can continue to participate with the team.
- Student-athlete will be included on all rosters, the NCAA Squad List and in other data used during the academic year if he/she becomes a member of the team.

Start Date of Tryout : \_\_\_\_\_ End Date of Tryout: \_\_\_\_\_

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

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### Step 3: Sports Medicine

The student must provide medical insurance and proof of physical examination (including Sick Cell Results) to the team's athletic trainer.

- ☐ Medical Liability Waiver for Tryout
- ☐ Testing Info for Tryout (MD signed Physical & Sick Cell Results)
- ☐ Tryout Medical History
- ☐ Insurance Card (must be billable)

**My signature verifies that the student-athlete has presented the above requirements and is cleared to participate.**

Athletic Training Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Step 4: Compliance Approval

Enrollment Status: \_\_\_\_\_ Multiple previous Institutions: \_\_\_\_\_

Full-time Enrollment: \_\_\_\_\_ Has the NCAA Drug Testing Consent Form been assigned: \_\_\_\_\_

**My signature verifies that the student-athlete has presented the above requirements and is cleared to participate.**

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

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cc: Sport Administrator, Head Coach, Athletic Trainer and All Compliance