



A student may not practice or receive equipment until he/she has completed this entire form it's signed by Compliance

NOTE: This form only serves as clearance for practice only, NOT for competition.

PART I: STUDENT INFORMATION --(PLEASE PRINT OUT AFTER COMPLETING SECTION & GET REMAINING SIGNATURES)

Name (First, MI, Last): _____ Date of Birth: _____

Home Address: _____

School email address: _____ Cell Phone: (____) _____

School ID Number: _____ HS Graduation (Month/Year): _____

Name of High School: _____ Are you registered with the NCAA Eligibility Center: Yes No

Date Entered Fairleigh Dickinson University: _____ Date Entered Any College (full-time): _____

PREVIOUS COLLEGE INFORMATION (If applicable)

Name of Institution	Type of Inst. (2/4)	Dates Attended	Status (FT/PT)	Graduated (Y/N)
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

I certify that the information completed above is accurate to the best of my knowledge. I understand if I make the team, I will need to register with the Eligibility Center and pay the fee in order to continue practicing.

Signature of Student _____
Date

PART II: COACH AUTHORIZATION (To be completed by the coaching staff) SPORT: _____

Select one: Tryout Late Walk-On Addition Male Practice Player

I understand by adding this student, he/she will be included on all rosters/squad lists used for the academic year. Further, this student will not practice or receive equipment until notified by the Compliance Office regarding his/her clearance. I understand that should the student be a male practice player or added to the team, I must add them in recruits in Jump Forward.

Signature of Head Coach (or designee) _____
Date

PART III: ACADEMIC INFORMATION (To be completed by Advisor in Panicucci Center): Enrolled FT

of Semesters in School Full Time: _____ Hrs. Currently Enrolled: _____ Declared Major: _____

PTD%/PTD Needed to be Eligible: _____/_____ School GPA: _____

Academically Eligible: Yes No (6 cr. previous semester)/18 or 24 cr. in year/appropriate gpa/etc.)

Signature of Athletic Academic Advisor _____
Date

PART IV: MEDICAL CLEARANCE & PROOF OF INSURANCE (To be completed by the Sports Medicine Staff)

ATHLETIC PHYSICAL (W/I 6 MO.) SICKLE CELL WAIVER INSURANCE CARD DOCTOR SIGNOFF

ATHLETIC PHYSICAL (FULL)* SICKLE CELL TEST RESULTS* ***NEEDED FOR MALE PRACTICE PLAYER/WALK ON**

Signature of Athletic Trainer _____
Date

PART V: COMPLIANCE AUTHORIZATION (To be completed by the Compliance Office Staff)

Registered w/ Eligibility Center: Y N Initial-Eligibility Certified: Y N Amateurism Certified: Y N

Transfer: N/A 2-4 4-4 4-2-4 AA Degree: Y N Date: _____ PTC on File: Y N N/A

Eligible to Tryout/Practice: Y N Tryout Ends: _____ Temp. Cert (45 days): Y N Ends: _____

Comments: _____

Compliance Approval: _____ Date: _____