



WASHINGTON STATE ATHLETICS OFFICE OF COMPLIANCE ON-CAMPUS EVALUATION

Step 1: 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 & Address: _____

Year in High School/College: _____ Has your season concluded? Yes No

If a High School/JC PSA: Have you exhausted your high school or junior college eligibility? Yes No

If a 4-Year PSA: Has your basketball season concluded with your current team? Yes No

Have you ever participated in an on-campus evaluation at WSU? 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 WSU in the sport of basketball and that, to the best of my 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 WSU, the Pac-12 Conference and NCAA. I understand that I will not be allowed to participate until I have been approved by each office in the clearance process.

PSA Signature: _____ Date: _____

Step 2: 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 NCAA eligibility and athletic training room requirements are properly documented. The student will not participate until I have received notification from the Compliance Office that eligibility has been granted. I understand the on-campus evaluation is limited to two (2) hours and we may provide equipment on an issuance-and-retrieval basis.

Date and Time of Evaluation: _____

Official/Unofficial Visit: _____

Head Coach Signature: _____

Date: _____

Step 3: 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 or waiver? 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: _____

Step 4: 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: _____

Completed official/unofficial visit documentation: _____

The above named student-athlete has met all WSU, the Pac-12 Conference and NCAA requirements and is eligible to participate in an on-campus evaluation.

Compliance Signature: _____

Date: _____

Cc: Compliance Office, Equipment Room, Head Coach, Strength and Conditioning Staff, Training Room, Sport Supervisor