



**WASHINGTON STATE ATHLETICS
OFFICE OF COMPLIANCE
WALK-ON/TRY-OUT FORM**

Name _____ Sport _____ Date _____

SS# _____ WSU ID # _____ Year in School 1 2 3 4

***PLEASE SIGN THE ATTACHED DRUG-TESTING CONSENT FORM AND ATTACH A COPY OF YOUR CLASS SCHEDULE (MUST BE ENROLLED FULL-TIME-12 CREDIT HOURS)**

The above student has spoken with a member of the coaching staff and may try-out for our team for a period of no more than 1 week. At which point, the student must either be added to the roster, with a change of status form, or cut from the team. The try-out may not begin until all of the following signatures have been obtained.

Head Coach Signature

Date

Student must present a doctor's statement showing proof of a recent (within a year) physical clearing the student for athletic participation and a copy of their sickle cell test results. Student will then be cleared for participation for up to 1 week (try-out period).

Assistant Director of Athletics – Athletic Training Services

Date

The above student has filled out all applicable NCAA paperwork and has had his/her eligibility certified for walk-on try-out by a member of the Compliance Office Staff. The try-out may only last a period of up to 1 week. REMINDER: Once added to the roster, a student must be certified for practice and competition by the Compliance Office after the tryout is completed to continue to practice with the team.

Associate Director of Athletics – Compliance

Date

Start Date for Try-Out _____

End Date of Try-Out _____

High School Graduation Date _____

Recruited to WSU: Yes No

Registered with the NCAA Clearinghouse: Yes No

Year of Residency: Yes No N/A

2-Year Transfer: Yes No N/A

AA Degree: Yes No N/A

4-Year Transfer: Yes No N/A

Comments: _____
