



1. Obtain a Participation Authorization & Checklist Form. Students must be enrolled as full-time students (*12 credit hours and cannot drop below 12 credit hours*).
2. Make sure the Head Coach or Assistant Coach has signed, dated and marked the appropriate box for tryout, late walk-on addition or male practice player in Part I.
3. Complete ALL information in Part II. Make sure to sign the bottom of Part II. (Only fill out Previous College Information if you have ever attended another 4-year or 2-year institution. Dual enrollment while in high school does not count.)
4. Take the form to the Sport's Athletics Trainer for them to complete Part III. You must have a physical or physical re-check and provide proof of insurance before you are permitted to participate. Have the Trainer process all information required and sign the medical clearance & proof of insurance section. **(This form will not be accepted and the student will not be able to participate if this section is not completed and signed by an Athletics Trainer.)**

Men	(MBA, MGO)	Cory Couture (591-3582) Training Room – Moore Athletic Center
	(MBB)	Sam Lunt (644-6223) Basketball Training Center
	(MTE)	Clay Johnson (728-5002) Training Room – Tully Gym
	(MSW)	Caleb Forehand (728-4955) Training Room – Tully Gym
	(MXC, MTR)	Gwen Davis (228-3410) Training Room – Moore Athletic Center
	(MFB)	Jeronimo Boche (694-3091) Training Room – Moore Athletic Center

Women	(WBB)	Emily Hutcherson (728-4931) Basketball Training Center
	(WSO)	Robin Gibson (644-2139) Training Room – Moore Athletic Center
	(WSV)	Renee Hisbrunner (644-1195) Training Room – Tully Gym
	(WSW)	Caleb Forehand (728-4955) Training Room – Tully Gym
	(WTE)	Kaye Jaynes (228-5862) Training Room – Tully Gym
	(WVB)	Amanda Robinson (644-1195) Training Room – Tully Gym
	(WXC, WTR)	Gwen Davis (228-3410) Training Room – Moore Athletic Center
	(WSB, WGO)	Eunice Hernandez (694-2086) Training Room – Moore Athletic Center

5. Take the form to the Compliance Office (4th Floor Moore Athletic Center Compliance/Student Services Suite). The appropriate staff member will complete and sign the academic section in Part IV. **(This form will not be accepted in the Compliance Office if Part III has not been signed by the appropriate Athletics Trainer.)**

**If you have not registered with the NCAA Eligibility Center, you can do so at www.eligibilitycenter.org.
You must be registered with the Eligibility Center in order to try-out and/or practice.**

6. When the forms are brought to the Compliance Office, the students FSU enrollment will be checked for full-time status. Once the enrollment status has been checked, the Compliance Office will notify the Coach that the student is permitted to tryout, practice or be added to the team. The Coach will contact the student about their status.
7. If the Coach wishes to officially add you to the roster, he/she will complete the Change of Status Form for the Compliance Office. At that time, the student will need to complete all required forms for both FSU and the NCAA.
8. The Coach will then be notified from the Compliance Office when the student-athlete has been cleared to be added to the roster and continue practicing.



Per NCAA rules, it is necessary to confirm that each student meets the basic eligibility, academic and physical/health requirements for participation. The student will not be allowed to tryout, practice or receive equipment until he/she has completed this entire form and returned it to the Compliance Office.

***Do Not bring this form to Compliance until Part III is completed.
This form only certifies eligibility for Practice, NOT Competition.***

PART I. COACH'S AUTHORIZATION (To be filled out by a Member of the Sport's Coaching Staff)

Please check one: Tryout Late Walk-On Addition Male Practice Player

I understand that if I add the student named below, he/she will be included on all rosters/squad lists used for the academic year. I will not allow this student to practice and/or participate for my team nor receive equipment until I have been notified by the Compliance Office that he/she has been cleared.

Signature of Head/Assistant Coach Date

PART II. STUDENT INFORMATION (To be filled out by the Student)

Name (First, MI, Last): _____ Sport: _____

Date of Birth: _____ Cell Phone: () _____

Email address: _____

Date Entered FSU: _____ Date Entered **Any** College (full-time): _____

Local Address: _____

HIGH SCHOOL/PREP SCHOOL INFORMATION

Name of Institution Location (city/state) Grad Date (mo/yr)

PREVIOUS COLLEGE INFORMATION (If applicable)

Name of Institution	Type of Inst. (2 yr or 4 yr)	Dates Attended	Status (FT or PT)	Graduate (Y or N)
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

AA Degree: Yes No Date Completed: _____ Date Expected: _____

If you attended a 4-year institution, has permission to contact been sent to FSU? Yes No

I certify that the information stated above is accurate to the best of my knowledge.

Signature of Student Date



PART III. MEDICAL CLEARANCE & PROOF OF INSURANCE (To be filled out by the Athletic Training Staff)

Before you are permitted to try-out and become an official member of any athletics team at Florida State, you must be physically cleared and show proof of insurance.

I certify that _____ has been medically cleared to participate and shown proof of insurance.
Name of Student

Signature of Athletic Trainer Date

PART IV. ACADEMIC INFORMATION (To be filled out by the Compliance Office Staff)

Date Entered FSU: _____ Date Entered **Any** College (full-time): _____

Enrolled at Florida State: Yes No Enrolled Hours (FSU): _____ (12 Hours to Be Full Time)

HS GPA: _____ College GPA: _____ FSU GPA: _____

Registered with the ELIGIBILITY CENTER: Yes No

Initial Eligibility Certified: Yes No Amateurism Certified: Yes No

Missing Documents/Comments: _____

Transfer: 2-4 4-4 4-2-4 Transfer Release on File: Yes No

Name of Institution	Type of Inst. (2 yr or 4 yr)	Dates Attended	Status (FT or PT)	Graduated (Yes or No)
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

AA Degree: Yes No Date Completed: _____ Date Expected: _____

Signature of Compliance Office Date

PART V. COMPLIANCE OFFICE (To be filled out by the Compliance Office Staff)

When all signatures above have been obtained, please bring the completed form to the FSU Compliance Office.

Eligible to Tryout: Yes No Eligible to Practice: Yes No

Comments: _____

Signature of Compliance Office Date