

NORTH GEORGIA COLLEGE & STATE UNIVERSITY

Request to Conduct a Tryout

Prior approval from the Compliance Coordinator is required no less than 5 days before conducting a tryout.

Effective August 1, 2007 all prospective student-athletes are required to bring proof of a physical conducted by an MD no later than 6 months prior to the tryout date.

PROSPECTIVE STUDENT-ATHLETE INFORMATION

Name of Prospect _____

Prospect's SSN _____

NGCSU ID _____

Required if currently enrolled

Date of Birth _____

Sport _____

TRYOUT INFORMATION

Date of Tryout _____

(must be conducted in a term other than the one in which the sport occurs)

Location of Tryout _____

Time tryout begins _____

Time Tryout Ends _____

(maximum time limit – 2 hours)

Coach Responsible for Tryout _____

PROSPECT STATUS

HIGH SCHOOL (SENIOR) PROSPECT

- Date high school eligibility completed in the sport: _____
If still eligible, is the student enrolled in a term other than the term in which the TRADITIONAL season is played?
_____ Yes _____ No

TWO-YEAR COLLEGE PROSPECT

- Date prospect's sport season ended: _____

FOUR-YEAR COLLEGE PROSPECT*

- Date prospect's sport season ended: _____
- REQUIRED prior written permission to contact prospect obtained from prospect's institution?
_____ Yes _____ No

CURRENTLY ENROLLED STUDENT

- Tryout will occur prior to the beginning of playing season? Yes No
If yes, please complete the following:
 1. Is this the first prospect's tryout conducted this academic year? Yes No
 2. Was this student recruited? Yes No
 3. Is the student in good academic standing? Yes No
 4. Were all of the above verified by the Compliance Office? Yes No

ACKNOWLEDGEMENTS

I have read and fully understand the tryout rules and regulations set forth above.

*I understand that as head coach I am **REQUIRED** to:*

- ◆ Submit a Tryout Request for each prospect NLT 5 days prior to the tryout.
- ◆ Complete and submit an NGCSU Prospect Form for each prospect prior to the tryout.
- ◆ Obtain prior approval from the Compliance Office NLT 5 days prior to conducting the tryout.
- ◆ Obtain prior written permission (release) for any 4-year transfer*
(*You are also required to obtain a release even if the prospect was enrolled and DID NOT participate in intercollegiate sports).

*I understand that each prospect is **REQUIRED** to:*

- ◆ Sign a Waiver of Liability prior to the tryout. It is also understood that a parent/guardian must sign the Waiver of Liability if the prospect is under the age of 18.
- ◆ Provide a copy of a current physical prior to the tryout. *Effective August 1, 2007 all prospective student- athletes are required to bring proof of a physical conducted by an MD no later than 6 months prior to the tryout date.*
- ◆ Provide proof (copy of insurance card) of valid medical insurance prior to the tryout.

Head Coach Signature

Date

Approved: Compliance Coordinator Signature

Date

NORTH GEORGIA COLLEGE & STATE UNIVERSITY
WAIVER OF LIABILITY, COVENANT NOT TO SUE,
ASSUMPTION OF RISK
(Student-athlete signature required prior to a tryout)

ASSUMPTION OF RISK FOR TRYOUTS

I. Risk of Injury

Intercollegiate athletics may constitute a dangerous activity involving the risk of injury. Those dangers and risk of participation include, but are not limited to death, severe neck and spinal injuries that may cause partial or complete paralysis, brain damage, severe internal injury severe injury to bones, joints tendons, ligaments, muscles, and other aspects of the musculoskeletal system, and damage to property. It is understood that such injury may result in serious impairment of future abilities to engage in other business and generally enjoy life. It is the responsibility of each participant to participate only in those activities for which they have the prerequisite skills, qualifications, preparations, and training. North Georgia College & State University Athletic Training is only allowed to give basic First Aid treatment for any injury sustained during this tryout.

II. Acknowledgement and Assumption of Risk

I have read the above notice carefully and hereby assume all risks of damages of injury, including death that I may sustain while participating in or traveling with intercollegiate athletics. I hereby release and forever discharge North Georgia College & State University and the Board of Regents of the University System of Georgia, its members individually, its officers, agents, and employees of any and all claims, demands, rights and causes of action arising from all known, unknown, foreseen, and unforeseen bodily and personal injury, damage to property, and consequences thereof resulting from participation in intercollegiate athletics.

I hereby assume all cost responsibilities relating to any injury that might occur while participating in this tryout.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT

I have fully informed myself of the contents of the Waiver of Liability by reading it before I signed it, and that I understand it and that I sign this document freely and voluntarily, no oral representation, statements, or inducements, apart from the foregoing written agreement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; (OR if under the age of eighteen (18) a co-signature of parent or guardian) and that I execute this Release for full, adequate consideration fully intending to be bound by the same.

Prospect's Signature

Date

Prospect's Date of Birth*

Parent/Guardian Signature*
(*Required if a minor)

Date

Prospect's SSN or NGCSU ID



NORTH GEORGIA COLLEGE & STATE UNIVERSITY
Prospect Form

This form begins the eligibility certification process for all student-athletes. Failure to promptly return this form filled out legibly and completely will delay eligibility determination. False information may result in permanent ineligibility.

Name _____ SSN _____

Date of Birth _____ Home Address _____

Sport _____

Parent(s) _____ NGCSU ID _____
(if under 21) (required, if currently enrolled)

Date(s) prospect took ACT Test _____ Phone (____) _____

Dates(s) prospect took SAT Test _____ Email _____

Will prospect receive an athletic scholarship? Yes No Undecided

LIST ALL HIGH SCHOOLS ATTENDED

| SCHOOL | CITY | STATE OR COUNTRY | DATES OF ATTENDANCE (SEMESTER/YEAR) |
|--------|------|------------------|--|
| | | | |
| | | | |
| | | | |

HS from which prospect graduated _____ Date of Graduation _____
(mm/dd/yr)

HS Coach _____ HS Counselor _____

HS Coach Phone (____) _____ HS Counselor Phone (____) _____

LIST ALL JUNIOR COLLEGES/COLLEGES/UNIVERSITIES ATTENDED, INCLUDING NGCSU IF CURRENTLY OR PREVIOUSLY ENROLLED. *Eligibility cannot be determined until final transcripts from all other schools attended are received by NGCSU.*

| SCHOOL | CITY | STATE OR COUNTRY | DATES OF ATTENDANCE (SEMESTER/YEAR) |
|--------|------|------------------|--|
| | | | |
| | | | |
| | | | |

DESCRIBE ALL PREVIOUS PARTICIPATION IN INTERCOLLEGIATE ATHLETICS AT ALL COLLEGES

| SPORT | SCHOOL | SEASONS OF COMPETITION (LIST YEARS) | HOW PARTICIPATED: TRYOUT, PRACTICE ONLY, COMPETED |
|-------|--------|-------------------------------------|---|
| | | | |
| | | | |
| | | | |

| EVALUATIONS | | | |
|--------------------|------|---------------------|------|
| Date | Time | Site/Opponent/Event | Type |
| | | | |
| | | | |
| | | | |
| | | | |

| CONTACTS | | | | |
|-----------------|------|------|-----------------|------|
| Date | Time | Site | Persons Present | Type |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| PUBLICATIONS | | |
|---------------------|-------|------|
| Date | Coach | What |
| | | |
| | | |
| | | |
| | | |

| CAMPUS VISIT | | | | |
|---------------------|---------------|--------------|---------------------------------|------|
| Test Score | Date Received | Arrival Date | Date Official Visit Letter Sent | Host |
| | | | | |

| GRADUATION RATES DISCLOSURE FORM |
|---|
| Date Provided to Prospect and Parents: |

Signature of Coach

Date

Signature of Prospective Student-Athlete

Date