Walk-on Tryout Form

Prior to conditioning, practice, or competition, it is the student-athlete's responsibility to have this form completed in its entirety. In order to try out, you must be a full-time student of WVU's main branch campus.

TO BE COMPLETED BY STUDENT:

Student Name: _____ Student ID Number: _____

Sport: _____ Email Address (mix account):_____

Phone Number: _____ DOB: _____

High school: _____ High school graduation date: _____

Were you provided an "official visit" (expense paid) to the WVU Campus? Yes ☐ No ☐

Did the coaching staff arrange an in-person, off-campus meeting with you or your family? Yes ☐ No ☐

(e.g., a coach visiting your home or meeting with you after a high school game)

Did you or your family members receive more than one telephone call from the WVU coaching staff? Yes ☐ No ☐

Have you ever participated in college athletics? _____ If yes, which sport(s)? _____

Please outline your collegiate athletics participation history below. (Circle "Y" for yes and "N" for no.)

Year	Institution	Sport	Practiced?		Competed?		Received Athletics Aid?	
			Y	N	Y	N	Y	N
			Y	N	Y	N	Y	N
			Y	N	Y	N	Y	N
			Y	N	Y	N	Y	N

I certify the above answers are correct and accurate. I also understand that I must complete the requirements of the NCAA Eligibility Center to determine my amateurism & qualifier status. I also understand that if I am added to the roster of a sport, I must return to the Athletic Compliance Office to complete all paperwork required by the NCAA.

Student Signature _____ Date _____

FOR COMPLIANCE/ATHLETIC TRAINING USE ONLY:

☐ Proof of full-time enrollment
☐ Medical clearance dated within the past 6 months
☐ Proof of insurance
Insurance Provider: _____
Policy #: _____
Phone #: _____

☐ Denied:_____
_____
_____
(Reason)

Compliance Approval: _____
(Initial)

Original: Athletic Compliance