



University of Arkansas Athletics 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 at the University of Arkansas.

TO BE COMPLETED BY STUDENT:

Student Name: _____ Student ID Number: _____
Sport: _____ DOB: _____
Phone Number: _____ High School Graduation Date: _____
High School: _____ Eligibility Center Number: _____

Were you provided an "official visit" (expense paid) to the U of A 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 or practice)

When was your first semester of full-time enrollment in any 2-year or 4-year institution? _____

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
			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
- U of A Tryout Medical Clearance Form
- Proof of insurance
 - Insurance Provider: _____
 - Policy #: _____
 - Phone #: _____

Denied: _____

(Reason)

Compliance Approval: _____
(Initial)