



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. To try out, you must be a full-time student at the University of Arkansas.

TO BE COMPLETED BY STUDENT:

Student Name: _____

UA Student ID Number: _____

Sport: _____

DOB: _____

Phone Number: _____

HS Graduation Date: _____

High School: _____

NCAA Eligibility Center #: _____

Position(s) Played: _____

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.

Year	Institution	Sport	Practiced?	Competed?	Received Athletics Aid?

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)