

Original: Athletic Compliance

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 COMP	LETED BY STUDENT:							
Student Nam	e:		Email Address (mix account): DOB: High school graduation date:					
Sport:								
Phone Numb	er:							
High school:								
Were you pro	vided an "official visit" (expense pa	aid) to the WVU Can						
Did the coach	ning staff arrange an in-person, off-	th you or your family?				Yes 🗆 No 🗀		
(e.g., a coach	visiting your home or meeting with	n you after a high sch	ool game)					
Did you or your family members receive more than one telephone call from the WVU coaching staff?							Yes \square No \square	
Have you eve	er participated in college athletics?		If yes, whic	h sport(s)	?			
	your collegiate athletics participati		Practiced? Compet			Received		
Year	Institution	Sport			Competed?		Athleti	
			Y	N N	Y Y	N N	Y	N N
			Y	N	Y	N	Y	N
			Y	N	Y	N	Y	N
Eligibility Ce must return t	above answers are correct and accenter to determine my amateurism & o the Athletic Compliance Office to	& qualifier status. I complete all paperw	also underst ork required	tand that d by the N	if I am ado	led to the	roster of a	a sport,
FOR COMPLI	ANCE/ATHLETIC TRAINING USE	E ONLY:						
\square Medical cle	all-time enrollment earance dated within the past 6 mo	nths		Denied:				
☐ Proof of insurance Insurance Provider: Policy #:				_	(Reason)			
Phone #: _								
Compliance A	approval:							