



All prospective walk-ons MUST complete this form and return to the Office of Compliance Services located on the 3<sup>rd</sup> Floor of the Rice Athletics Center. Please contact the Office of Compliance Services with any questions at 803-777-1519.

**Section A: Personal Information**

Name:	Sport:		
Banner ID Number:	Date of Birth:	HT:	WT:
Home Address:	City:	State:	Zip Code:
Mobile Phone:	E-mail:		
Local Address:	City:	State:	Zip Code:
Position(s)/ Events:	Highlight Website:		

**Section B: Collegiate Academic Information**

Have you attended any other collegiate institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name of Institution(s):	
Have you ever participated in college athletics? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which sport(s)?	First semester enrolled at any college (date) :	
I am enrolled in at least 12 hours at USC-Columbia: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current year in college (circle one):    1    2    3    4    5		
Credit Hours enrolled in this semester:	I have a cumulative GPA of at least 2.0: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current GPA:	I have registered with the NCAA Eligibility Center and my Eligibility Center ID# is:		
I understand that if I am a Final NON-Qualifier with the NCAA Eligibility Center that <b>I am not eligible to participate in athletics at any SEC institutions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Please outline your collegiate enrollment history below (Circle "Y" for yes and "N" for no)*

Academic Year	Institution	Sport	Practiced?	Competed?	Received Athletic Scholarship?
			Y    N	Y    N	Y    N
			Y    N	Y    N	Y    N
			Y    N	Y    N	Y    N

**Section C: High School Information**

High School Name:	Graduation Date:	
City:	State:	
High School Coach:	HS Coaches E-Mail:	HS Coaches Phone Number:
High School Awards:	Scholarship Offers (List):	



**Section D: Physical Information**

I have submitted proof of a physical to the USC Athletic Training Staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have submitted proof of a sickle cell test to the USC Athletic Training Staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have submitted proof of insurance to the USC Athletic Training Staff:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section E: Criminal Activity Disclosure**

Have you ever been charged with a criminal offense?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of offense:	City/State:	Charge:	

*By signing this form I certify that the answers provided above are accurate and correct. I understand that failure to complete any steps required as part of the preliminary tryout the walk-on tryout process or providing false or incorrect information may result in being disallowed to participate in walk-on tryouts. I also understand that I must be registered with the NCAA Eligibility Center and that if I am certified as a NON-QUALIFIER, I am not eligible to participate in athletics at a SEC institution.*

Signature of Potential Walk-On SA:	Date:
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