

## Tryout Clearance

**Prospective Student-Athlete**: I certify that I am a full-time student at the University of Miami and to the best of my knowledge, I am in good health and physically fit for practice and competition. I agree to comply with the rules and regulations of this University, the ACC and the NCAA. I understand that I will not be allowed to practice until I have been approved by each office in the clearance process.

Student Name Sport					
UM C#					
HS Grad Year					
Are you registered with the NCAA Eligibility Center:	Yes	□ No			
PREVIOUS COLLEGE INFORMATION (If appli					
Name of Institution	Type of Ins (2 yr or 4 yr		Dates Attended	Graduated (Y or N)	
			to		
			to		
<b>JumpForward:</b> Following the submission of this document click on the link and follow the steps provided to create you prior to your tryout, or being able to begin practicing. Webs	ır password a	ınd submi	t the mandatory complian		
Step 1 – Coaching Staff Signature					
Is this individual a (check one): ☐ Tryou Was this student <b>recruited</b> by UM? ☐ Yes		Late Wa	alk-On Addition	☐ Male Practice Player	
Coach:	h: Date:				
Step 2 – Receive the signature of the Academic Off The student is enrolled as a full-time student at the		of Miami	: 🗆 Yes 🗆 No	Number of Credits	
ademic Advisor: Date:					
Step 3 – Obtain approval from the Miami training The student has passed a medical exam and has signe Athletic Trainer:	d the Medic	al Histor		Risk Consent Waiver.	
Step 4 – Receive final approval from the Complian This student has met the necessary requirements NCA	nce Office AA and Uni	versity of	f Miami requirements.		
Registered with the Eligibility Center? If yes, what is this student's initial eligibility status? If yes, what is this student's amateurism status?	☐ Yes ☐ Qualific ☐ Final C		☐ No ☐ Non-Qualifier ☐ Pending	☐ Pending ☐ Must request final	
Compliance Officer:		Date:			