



MEN'S BASKETBALL WALK-ON TRYOUTS

WHEN:

Sunday, September 28th, 2008 at 8pm

WHERE:

Stubblefield Center on the corner of Kinkead and Waldron

WHAT I NEED IN ORDER TO PARTICIPATE:

- 1. Fill out the attached form(s)**
- 2. Get a physical and bring copy from doctor's office**
- 3. Turn in the forms and physical to room 148 at the Stubblefield Center.**

WHO CAN TRYOUT:

Any current freshman or sophomore student enrolled in at least 12 hours of Fall 2008 classes at UA Fort Smith and who has completed the steps listed above.

DEADLINE TO TRYOUT:

**All Forms and Physicals Must Be Submitted By
Wednesday, September 24th before 5pm
(No walk-ins allowed on day of tryouts)**

We thank you in advance for your interest in our program. GOOD LUCK!

FORT SMITH LIONS BASKETBALL – JOIN THE JOURNEY!

Questions? Please contact Assistant Coach Nate Mast at 479-788-7691



WALK-ON FORM UA FORT SMITH ATHLETICS

Participation Authorization & Preliminary Checklist

TRY-OUT ONLY WALK-ON SCHOLARSHIP

Head Coach

The student named below has my permission to attempt to become a member of my team. I understand that they will be included on all rosters, the squad list and in research data used for the academic year. This student will not practice and/or participate for my team until I have been notified that eligibility has been certified.

Student's Legal Name

Social Security #

Date

Sport Head Coach

Signature of Coach

Status:

Freshman

Transfer

Upper-Class

Local Phone

High School(s) Attended: (Grades 9-12)

1) Name: _____

Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

2) Name: _____

Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

Junior College(s) Attended:

1) Name: _____

Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

2) Name: _____

Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

AA Degree: Yes No

Date Completed

Date Expected

Four Year College Attended:

1) Name: _____

Registered with NCAA Eligibility Center: Yes No

City: _____ State: _____

Academic Advisor: _____

SAT Score: _____ ACT Score: _____ HS GPA: _____

College GPA: _____ # of Transfer Hours Accepted: _____

Designated Major: _____

Enrolled Hours (UAFS): _____ Full Time: Yes No

Declaration of Major Form needed: Yes No

If YES, Division & Major Code: _____

NCAA Eligibility Center

Submitted: _____

Approved: _____

Comments: _____ Date _____ Date _____

Signature of Academic Advisor

Date

To the **Student-Athlete**:

Before you are allowed to become an official member of any athletic team, you must complete and return the following forms along with this one to the Compliance Office. You will then be notified if you have been certified as an eligible participant for this academic year.

Medical Clearance & Proof of Insurance: _____

Proof of Physical Examination: Yes No

Signature of Trainer

When all signatures above are received bring this form to the Compliance Office to complete the following forms:

- 1. Enrolled Full-Time Yes No
- 2. Certification of Recruited Status: Recruited Not Recruited
- 3. NCAA Student-Athlete Statement
- 4. NCAA Drug-Testing Consent
- 5. Eligibility Profile

All above forms have been completed and are on file.

* Eligible to practice only, because of: _____

Comments: _____

Signature of Compliance Office

Date

The student-athlete is:

- 1. Full-Time Enrollment Yes No
- 2. not eligible to practice, pending completion of: _____
- 3. eligible to practice, all certification documents on file.
- 4. Student-Athlete has been coded active as:

Date: _____

Comments: _____

Signature of Registrar's Office Date