

California State University, Bakersfield Walk-on Route Form

Date _____

Sport _____

Student-Athlete _____

Social Security Number _____

Year in School 1 2 3 4 5
(Circle One)

(I am agreeing to provide CSUB with my social security number for the sole purpose of checking with the NCAA Eligibility Center to determine if I am a qualifier)

1. The above student has spoken with a member of the coaching staff and may try-out for the team **only** when all the following signatures have been obtained.

Head Coach Signature

Date

2. The above student has obtained initial approval by the head coach to try-out for the team. This student has shown proof of billable health insurance and has submitted copies of any cards or policy statements. The student has completed a physical exam conducted by CSUB team physicians or has provided proof of a physical within the last 6 months.

Date of Physical Exam _____

Certified Athletic Trainer or Physician Signature

Date

3. The above student is enrolled full-time as determined by the Compliance Office and is eligible for **practice only**.

High School Graduation Date: _____

Recruited to CSUB: Yes No

Registered with the Clearinghouse: Yes No

Year of Residency: Yes No

2-Year Transfer Yes No AA Degree: Yes No

4-Year Transfer: Yes No

4. The above student has secured all of the necessary signatures as determined by the Compliance Office and is hereby eligible for **practice only** beginning _____ and ending _____ for 14 / 45 days or until the student is certified eligible to compete. (Circle One)

Compliance Office Signature

Date

Student-athlete signed the **Drug Testing Consent Form** prior to practice:

Yes No

Student-athlete completed the **Walk-On Information Card**:

Yes No

5. Certified Eligibility: Yes No

Faculty Athletic Representative's Signature

Date

Comments: _____
