

Yellow Brick University Tryout Form

Sport: _____ Date: _____ Eligibility Center ID: _____

Prospect's Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone Number: _____ Email: _____

Parents or Guardians Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

High School

Name of High School: _____ Graduation Date: _____

ACT: Yes No Date: _____ Score _____ SAT Yes No Date: _____ Score _____

PREVIOUS COLLEGE INFORMATION

Name of Institution	2yr / 4yr	Dates Attended	FT/PT	Graduate Y/N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Semesters of Competition (i.e. F10, S11): _____ Semesters of Practice (i.e. F10, S11): _____

Number of years athletic-aid received: _____ Have you ever signed a National Letter of Intent? Yes No

I _____ agree that neither I nor any agents representing me will seek any claims against Yellow Brick University or any of its agents or employees in the event that I am injured or suddenly take ill during or as the result of the physical test which I am about to perform. I do hereby certify that all the information that I have provided is current and correct to the best of my knowledge.

Signature: _____ Date: _____

For Compliance Office Use Only

48 C Q PQ N Date: _____ Full Time Enrolled Yes No

Permission to contact Yes No Date: _____ Transcript on file Yes No

4 Year Release received Yes No Date: _____ Approval For Tryout: Yes No Initials: _____

Medical Exam Documentation Attached Yes No

For Coach Use Only

Date of Tryout: _____

Tryout Results:

Add to Team Roster

No

Yes

(Complete late addition form and return with a copy of this form)

Student-Athlete is receiving an athletic scholarship:

Yes

No

Student-Athlete signed NLI:

Yes

No

Student-Athlete took an official visit here:

Yes (Date: _____)

No

Student-Athlete was ever recruited:

Yes

No

AWARD

Period of Award:

☐

Initial

☐

Renewal

☐

Reduction

☐

Increase

Dollar Amount:

☐

Tuition and Fees

☐

Room

☐

Books

☐

Waive to Instate Tuition

☐

Board

☐

Grant to apply

☐

Student-Athlete retains portion of grant

☐

Amount: _____

Coaches Signature: _____

Date: _____