

TRYOUT/WALK-ON FORM

Name: _____ Date: _____ Student ID: _____

Sport: _____ Date of Birth: _____

Date entered TAMIU: _____ Date entered any college (full-time): _____

Phone: _____ Email: _____

Local Address: _____

Permanent Address: _____

I _____ agree that neither I nor any agents representing me will seek any claims against Texas A&M International 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: _____

Head Coach: _____ Date: _____

For Office Use Only

Requires all signatures before trying out or practicing:

Completed Physical: YES NO Athletic Trainer: _____

Completed Sickle Cell Waiver: YES NO Athletic Trainer: _____

Completed Compliance Forms: YES NO Compliance: _____

Added to squad list (If a Walk-On) YES NO Head Coach: _____