



Tryout Approval Process

Any current Georgia Tech student wishing to participate in a tryout for a team, must complete the Try-Out Form prior to any participation. The process consists of:

1. The student receiving the Try-Out Form (see below) to begin completion.
2. The first section is completed by the student.
3. The student then takes the form to Academics for academic eligibility review.
4. The student then takes the form to Sports Medicine for clearance to participate.
5. The student then takes the form to the appropriate coach for signature confirming the sport wishes the student to participate in a tryout.
6. Finally, the student submits the form to the compliance office designee for review and approval.
7. The compliance office designee will distribute final approval/denial to the entities noted at the bottom of the Try-Out Form.
8. If a sport wishes to add the student to the roster permanently, they must submit a Roster Addition form to the compliance office to do so.



GEORGIA TECH COMPLIANCE OFFICE

Try-Outs

Students are not be allowed to tryout until they have completed this form in its entirety, a staff member has approved the try-out, and the form has been returned to the Compliance Office for approval.
This form only certifies eligibility to tryout. It does not approve extended practice.

Completed by Student

Students wishing to try-out must complete the section below, obtain signatures from Student Athlete Services (Academics) and Sports Medicine (Training Room) and then return the form to the approving staff member.

Name: _____ GTID: _____ Sport: _____

Date of Birth: _____ GT Email: _____

1st Semester of Full-Time Enrollment at GT: _____

1st Semester of Full-Time Enrollment at Any 2yr or 4 yr School: _____

High School (Name / City / State / Graduation Year):

Previous College Information, If Any, (Name / City / State / Dates Attended):

Signature of Student: _____ Date: _____

Completed by Student Athlete Services (Academics)

1st Semester of Full-Time Enrollment at Any 2yr or 4 yr School: _____

Enrolled Hours for Current or Upcoming Semester: _____

HS GPA: _____ GT GPA: _____ Meets PTD: _____ Academic Standing: _____

Practice Conflict(s): _____

Comments: _____

Student Athlete Services Signature: _____ Date: _____

Completed by Sports Medicine (Training Room)

Proof of Insurance: _____ Sickle Cell Test: _____ Physical: _____

Sports Medicine Signature for Try-Out Clearance: _____ Date: _____

Compeded by Coach or Staff Member Coordinating Try-Outs

Please sign as your final approval that student is permitted to try-out and return to the Compliance Office.

Coach or Designee Signature: _____ Date: _____



GEORGIA TECH COMPLIANCE OFFICE

Try-Outs

Completed by Compliance Office

Try-Out Date: _____

Sports Medicine: _____

Within 5 Year Clock: _____

Enrolled Full-Time: _____

Eligible to Tryout: _____

Compliance Signature: _____

Date: _____

Send Email To:

Head Coach Requesting Staff Member
Facilities Academic Counselor

Strength and Conditioning
Sports Medicine

Sport Administrator
Equipment