Prior to participation in a tryout, a prospective student-athlete is required to undergo a medical examination administered by a physician (MD or DO only). The examination must be administered within six months prior to participation in the tryout. Additionally, a prospective student-athlete must satisfy the Sickle Cell Solubility Test requirement per NCAA bylaw 17.1.5.1 prior to participation in the tryout.

As a Division II institution, California State University East Bay may conduct a tryout of a currently enrolled full-time student only on its campus or at a site at which it normally conducts practice or competition during the regular academic year.

The following rules apply to tryouts with enrolled student athletes:

- No more than one tryout per student shall be permitted during any academic year.
- Student must be in GOOD ACADEMIC STANDING (attach CSUEB unofficial transcript and/or course schedule)
- A medical examination of a student conducted by an institution’s regular team physician or other designated physician is permitted as part of the tryout.
- The time of the tryout activities (other than the physical examination) shall be limited to 14-consecutive calendar days.
- During the 14-consecutive calendar-day period of the tryout, enrolled student shall not exceed the daily and weekly hour limitations set forth by NCAA bylaws 17.1.6.1 and 17.1.6.2.
- Competition against the member institution’s team is permissible, provided such competition is considered a countable athletically related activity.
- The institution may provide equipment and clothing on an issuance-and-retrieval basis to a student during the period of the tryout.

I understand that athletics is inherently risky, and that my participation in a tryout or practice session with CUSEB athletic teams could result in temporary or permanent injuries, or death. I assume the inherent risk of injury and accept full responsibility for the consequences arising from such injury, including but not limited to medical expenses, personal suffering, and loss of income and opportunity. I hereby waive, relinquish, release and discharge any claim of liability I have or may have in the future against CSUEB its members, employees, and agents, arising out of any injury of any kind, including death, arising directly or indirectly from my participation in tryouts and practices with CSUEB athletic teams.

By signing below, I acknowledge that I have read and understand the above statement and that I agree with its terms.

My signature below also indicates that I have read and understand the tryout rules and that I am not a recruited student-athlete. I have submitted a copy of my sports physical examination and satisfied the sickle cell testing requirement.

________________________________________  ______________________________
Signature of Student                          Date

________________________________________  ______________________________
Printed Name of Student                        Net ID

________________________________________  ______________________________
Parent/Guardian Signature (if under 18)       Date

To be completed by CSUEB Athletic Training Staff:

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<tr>
<th>Satisfied Medical Clearance Requirement Y/N?</th>
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<td>Satisfied SCT Requirement Y/N?</td>
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