



Male Practice Player Clearance Form

Student-Athlete Information

Name _____ Sport _____

Term/Year of WSU Enrollment _____ W# _____

Sport Coach Clearance

a. I understand the above SA is not eligible for athletically-related financial aid or room and board expenses at any time. ☐ Yes ☐ No

b. I understand that the SA must abide by all practice hour limitations. ☐ Yes ☐ No

Coach's Signature _____ Date _____

Athletic Training Clearance (Joel Bass, Talon Bird, Paul Bugnet, Nate Lower, Andi Pigeon, Nancy Weir)

This SA has completed all physical examination requirements and is medically cleared to participate ☐ Yes ☐ No

Athletic Trainer Signature _____ Date _____

Insurance Clearance (Lora Cobabe, Athletic Training Room)

This SA has proof of valid primary health insurance on file. ☐ Yes ☐ No

Insurance Coordinator Signature _____ Date _____

NCAA Compliance (Will Pridemore or Renee Dubuc, Stadium 203 & 204)

1. Is the SA enrolled full-time? ☐ Yes ☐ No

2. Does the SA meet GPA and credit hour requirements to participate in practice? ☐ Yes ☐ No

3. Did the SA complete the the NCAA Drug-Testing Consent Form? ☐ Yes ☐ No

4. Is the SA still within their five-year clock? ☐ Yes ☐ No

SA's five-year clock runs from _____ to _____

5. Did the SA receive their AA/AS (JC NQ TRANSFERS ONLY) ☐ Yes ☐ No ☐ N/A

6. What is the SA's qualifier status? ☐ Q ☐ NQ ☐ NC

7. Is NCAA Eligibility Center academic certification required? ☐ Yes ☐ No

If yes, temporary certification period runs _____ to _____

Compliance Officer Signature _____ Date _____

Athletics Compliance Office Use Only

☐ CA updated Date _____ ☐ Gender Equity Numbers Updated Date _____