 **University of Georgia Compliance Office**

 On-Campus Evaluation Form

 *This form is required for approval of all on-campus evaluations (i.e. tryouts) for basketball. Coaches must receive signed compliance approval on this form before allowing any prospects to participate in an on-campus evaluation. Please note that only* ***one*** *OCE is permitted per prospect, per institution; however, the one OCE limit applies separately to the period of time that a prospect is in high school/prep school and the period of time after initial full-time collegiate enrollment.*

**STEP 1: PROSPECT INFORMATION** *(To Be Completed by the Basketball Staff)*

# Prospect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# School Season Completed? \_\_\_Yes *(attach competition schedule)* \_\_\_No *(May not conduct OCE)*

# Has the prospect exhausted eligibility at this school? \_\_\_Yes \_\_\_No *(May not conduct OCE)*

# Has the prospect signed a waiver/release of liability? \_\_\_Yes \_\_\_No *(May not conduct OCE)*

# Date of OCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCE Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ OCE End Time: \_\_\_\_\_\_\_\_\_\_\_

# Is this the first OCE for this prospect at this institution? \_\_\_\_\_Yes \_\_\_\_\_No (*If no, date of last OCE: \_\_\_\_/\_\_\_\_/\_\_\_\_)*

# Facility for OCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will current student-athletes be participating in the OCE? \_\_\_\_\*Yes \_\_\_\_No

*\*If yes, please note their participation will count toward the applicable hourly and weekly hour limits for countable athletically related activities and are subject to all in-season and out-of-season NCAA rules.*

I confirm that all of the aforementioned information is truthful and complete. I further understand that my staff and I are not permitted to conduct an OCE until I receive final written approval from the Compliance Office on this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head Coach Name (Please Print) Head Coach Signature Date

**STEP 2: MEDICAL EXAM** *(To Be Completed by the Athletic Training Staff)* **Physical copies of the below exams must be attached to this form.**

All items should be provided to UGA Sports medicine for review by our team physician at least **48-72 hours prior** to OCE.

Proof of Medical Exam: \_\_\_\_\_Yes \_\_\_\_\_ No (May not conduct OCE) | Date of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sickle Cell Test: \_\_\_\_\_ Yes \_\_\_\_ No | Must have before OCE occurs

*Medical exams must have been administered either (1) within six months before participation in the on-campus evaluation,* ***or*** *(2) within six months before the prospect’s initial participation in practice, competition or out-of-season conditioning during his/her immediately completed season. The medical evaluation must include a sickle cell solubility test.*

Does the prospect have health insurance? \_\_\_\_Yes \_\_\_\_No Name of Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If there are any questions or concerns in regards to the above medical documents, the sports medicine team reserves the right to refuse clearance to participate*

I confirm that I have received attached copies of the medical exam, EKG, sickle cell test, and health insurance card for the aforementioned PSA. I further confirm that the documents meet all the NCAA rules related to a prospect’s participation in an OCE.

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 Team Physician Name (Please Print) Team Physician Signature Date

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Athletic Trainer Name (Please Print) Athletic Trainer Signature Date

**STEP 3: COMPLIANCE REVIEW** *(To Be Completed by the Compliance Staff)*

This OCE is: \_\_\_\_\_\_Approved \_\_\_\_\_\_Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Compliance Staff Name (Please Print) Compliance Staff Signature Date

**STEP 4: EQUIPMENT REVIEW** *(To Be Completed by the Equipment Staff)*

Equipment/Gear Issued: \_\_\_\_\_\_\_\_\_\_ Equipment/Gear Retrieved: \_\_\_\_\_\_\_\_\_

Items Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Equipment Staff Name (Please Print) Equipment Staff Signature Date