



INDIANA UNIVERSITY ATHLETICS  
Office of Compliance Services

Tryout Clearance

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ UID: \_\_\_\_\_ Indiana University E-Mail: \_\_\_\_\_

Sport: \_\_\_\_\_ High School Graduation Month/Year: \_\_\_\_/\_\_\_\_

Please indicate your status: ☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR ☐ GRADUATE STUDENT

Please list date of initial full-time enrollment at Indiana University (Month/Year): \_\_\_\_/\_\_\_\_

Did you transfer to Indiana University from another institution? ☐ YES ☐ NO

\_\_\_\_\_  
Previous University

\_\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_  
Dates of Full-Time Enrollment (Month/Year)

I certify that I am a full-time student at Indiana University, Bloomington. To the best of my knowledge, I am in good health and physically fit for practice and competition. I agree to comply with all rules and regulations set forth by Indiana University, the Big Ten Conference and NCAA. I understand that I will not be allowed to tryout until I have been approved by each office in the clearance process.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING STEPS IN THE ORDER THEY ARE LISTED**

**Step 1: HEAD COACH (or Designee) APPROVAL**

I agree to allow this student to tryout. I understand that this specific tryout cannot exceed 14-consecutive days and all athletically related activities must cease **immediately** following the conclusion of the tryout. I understand that I am to provide the Office of Compliance Services with a determining outcome within 24 hours of the tryout's conclusion date.

Please indicate the recruiting status of the student: ☐ RECRUITED ☐ NOT RECRUITED

Tryout Start Date: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ TRYOUT **WILL NOT** BE APPROVED WITHOUT AN INDICATED OFFICIAL START DATE

Coach/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Step 2: INDIANA SPORTS MEDICINE APPROVAL**

The student has completed and signed all required medical documents: ☐ Medical Documents

The student has completed a physical and sickle cell test within the past six months: ☐ Physical ☐ Sickle Cell Test

Athletic Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Step 3: OFFICE OF COMPLIANCE SERVICES' APPROVAL**

Registered with NCAA Eligibility Center: ☐ YES ☐ NO

Added to IRL & Sport GoList: ☐ YES ☐ NO

Enrolled Fulltime at Indiana University: ☐ YES ☐ NO

Number of Enrolled Credit Hours: \_\_\_\_ Hours

Five-Year Eligibility Clock Start Year: \_\_\_\_

Number of Seasons Remaining: \_\_\_\_ Seasons

Tryout Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Add Dates to Compliance Calendar

Tryout End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Add Dates to Compliance Calendar

Status of Tryout: ☐ APPROVED ☐ DENIED

Notification of Tryout Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office of Compliance Services: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Indiana University

## 2022-2023 Drug Testing Consent Form

The Department of Intercollegiate Athletics strongly believes that substance abuse can negatively affect both your academic and athletic performance, as well as your physical and mental well-being. Therefore, the Department has instituted a comprehensive program of drug education, testing, counseling, and rehabilitation to deal with the growing problem of substance abuse in intercollegiate athletics.

The intent of the program is not to interfere with your right to privacy, but rather to aid and educate you concerning the problems and dangers associated with drug abuse. Additionally, this program is designed to prevent unauthorized drug use and to identify any student-athlete using drugs. Lastly, the program is intended to answer any questions you may have concerning the usage of drugs.

By signing this form, you affirm that you are aware of the Indiana University's Student-Athlete Drug Education, Testing, and Treatment Policy as outlined in the Indiana University Student-Athlete Handbook provided to you.

**A student-athlete can be required to submit to drug testing at any time. The Department's Chief Medical Officer or his or her designated administrator can schedule drug screening at any time and the schedule of drug testing is subject to change without prior notice. Currently, drug testing may be scheduled at any time, even without prior notice. Failure to submit to an immediate drug test will be considered an automatic positive test and all corresponding sanctions will apply.**

Student-athletes will be tested under the following circumstances:

- A. Each student-athlete will be tested at least one time per calendar year as established by the CMO.
- B. All student-athletes are subject to random testing as established by the CMO.
- C. Student-athletes who have tested positive in a previous test will be subject to increased testing as established by the CMO.
- D. Student-athletes in treatment for drug abuse under this Policy will be subject to increased drug testing consistent with this Policy (other than student-athletes placed in the Extraordinary Treatment Program as set forth below) as established by the CMO.
- E. A student-athlete reasonably suspected of substance abuse (based for example on irregular behavior, physical or mental impairment, or the like) may be referred by an appropriate Departmental staff person by completing a Drug Test Request Form (copy attached) for a targeted drug test to be performed at the discretion of the CMO.
- F. Other than for targeted testing pursuant to "E" above, head coach may only request the CMO to test all student-athletes on the current roster, not any particular individual or group of individuals.
- G. The CMO may drug test any student-athlete prior to NCAA and/or Big Ten championship competition. Such student-athletes must be aware that both NCAA and Big Ten may also randomly do urine screenings for drugs at such events.

-A student-athlete testing positive the first time will undergo a mandatory assessment to determine the type and extent of drug use counseling and will be subjected to additional drug-testing in accordance with the provisions of the policy.

-A student-athlete testing positive a second time (for substances other than marijuana) will be suspended from competition in accordance with the provisions of the policy. Those who test positive a second time for performance enhancing substances will be suspended for a calendar year.

-A student-athlete who tests positive three times (for substances other than marijuana) will serve a one year suspension with revocation of the athletic scholarship at semester's end. Those testing positive for a third time for marijuana use will have to complete mandatory Excellence Academy programming.

-A student-athlete who tests positive a fourth time for marijuana will serve a one year suspension with revocation of athletic scholarship at semester's end.

**\*In the event of an appeal of a positive test, the corresponding sanction shall not be imposed while a student-athlete appeal is pending.**

You agree to allow Indiana University to test you in accordance with the provisions of the Indiana University's Student-Athlete Drug Education, Testing and Treatment Policy, which was provided to you for your review.

You understand that the results of the University's Student-Athlete Drug Education, Testing and Treatment Policy are part of your education records. These records are protected by the Family Educational Rights and Privacy Act of 1974, and they may not be disclosed without your consent. **By signing this consent form, you provide your consent to disclose the results of your drug tests to the President of the University, Director of Athletics, The Chief Medical Officer, Athletic Trainer, Head Coach, your parents (or legal guardians), and any other authorized representatives of the University as deemed appropriate by the Director of Athletics.**

You agree to disclose the University's drug test results only for purposes related to your eligibility for participation in regular and post-season competition and for your eligibility to receive athletically related financial aid.

You affirm that by signing this consent form, you understand the provisions of the Indiana University's Drug Testing Policy and this corresponding consent form and agree to the terms and conditions set forth in the policy and consent form and do so by your own free will and choice.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If less than 18 years of age)

\_\_\_\_\_  
Date