This form must be completed in its entirety 72 hours prior to a prospective student-athlete participating in an on-campus evaluation in the sport of men’s and women’s basketball. The eligibility of the prospect to engage in such an activity must be approved by the Office of Compliance Services, and the receipt of all medical documentation must be confirmed by the Sports Medicine staff. Failure to complete and submit any portion of this packet could potentially result in an NCAA violation.

### TO BE COMPLETED BY THE RECRUITING COACH

<table>
<thead>
<tr>
<th>Prospect’s Full Name:</th>
<th>Please circle one:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MEN’S BASKETBALL</td>
</tr>
<tr>
<td></td>
<td>WOMEN’S BASKETBALL</td>
</tr>
<tr>
<td>Date of On-Campus Evaluation:</td>
<td>Start and End Time of On-Campus Evaluation:</td>
</tr>
<tr>
<td></td>
<td>Please circle one:</td>
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<tr>
<td></td>
<td>OFFICIAL VISIT</td>
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<tr>
<td></td>
<td>UNOFFICIAL VISIT</td>
</tr>
</tbody>
</table>

[Please note: If the evaluation is to take place during an official visit, please submit the Official Visit Request Form via ARMS to the Office of Compliance Services as well, in addition to this form. If the evaluation is to take place during an unofficial visit, please submit the Unofficial Visit Record via ARMS to the Office of Compliance Services within 7 days following the visit.]

Is the prospective student-athlete a:  
(please check one)  
☐ HIGH SCHOOL PROSPECT  
☐ TWO-YEAR COLLEGE PROSPECT  
☐ FOUR-YEAR COLLEGE PROSPECT  

Is he/she a senior?  
YES☐ NO☐

Is he/she in their second year?  
YES☐ NO☐

Notification of transfer/release on file?  
YES☐ NO☐

Has the prospect’s basketball season concluded? (including any post-season play)  
YES☐ NO☐

Date of prospect’s last contest:

### On-Campus Evaluation Restrictions
- Only one on-campus evaluation per prospective student-athlete is permitted.
- The duration of on-campus evaluation activities shall be limited to two (2) hours. This does not include time spent during medical evaluations.
- Current student-athletes participating in evaluation activities are bound by the applicable CARA restrictions.

**All medical paperwork shall be submitted and filed in advance of the on-campus evaluation with Sports Medicine. Medical paperwork can be emailed to: John Sylak, Assistant Athletic Trainer – Men’s Basketball, at jsylak@albany.edu or Rebecca Sanger, Assistant Athletic Trainer – Women’s Basketball, at rsanger@albany.edu**

By signing below, I certify that all information provided is complete and accurate to the best of my knowledge. Furthermore, I understand that failure to obtain proper approval from both the Sports Medicine staff and the Office of Compliance Services prior to an on-campus evaluation can potentially result in NCAA violations.

Recruiting Coach: Print and Sign Name:  
Date:
The Athletic Trainer must confirm the receipt of the following documents. **ALL items must be completed in order for an on-campus evaluation to occur:** (Please check each box if item has been received)

<table>
<thead>
<tr>
<th>Prospect’s Full Name:</th>
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<td></td>
<td>WOMEN’S BASKETBALL</td>
</tr>
</tbody>
</table>

- [ ] Prospect Evaluation Medical Clearance Form completed and signed
- [ ] Proof of Primary Medical Insurance
- [ ] Written MD clearance to participation [Note: Physical must be within six (6) months of evaluation or last participation.]
- [ ] Sickle Cell paperwork completed. Must be one of the following:
  - Proof of previous Sickle Cell trait test (signed results in physical by MD is acceptable);
  - Waiver signed declining desire to have test performed (may be completed on campus prior to activity); or
  - Arrange testing before visit (results must be received prior to participation in evaluation).

*By signing below, I certify that all medical documentation has been received and reviewed by a Sports Medicine staff member and the above prospective student-athlete has been cleared to participate in an on-campus evaluation. Furthermore, I understand that failure to receive the proper medical documentation can potentially result in NCAA violations.*

<table>
<thead>
<tr>
<th>Sports Medicine: Print and Sign Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**TO BE COMPLETED BY THE OFFICE OF COMPLIANCE SERVICES**

On-Campus Evaluation: [ ] APPROVED   [ ] NOT APPROVED

<table>
<thead>
<tr>
<th>Office of Compliance Services: Print and Sign Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>
In consideration for visiting the University at Albany to participate in a performance evaluation as a prospective student-athlete on (date)________________, (hereinafter referred to as the “Visit”), I hereby release, waive, discharge and covenant not to pursue damages against the University at Albany, State University of New York, State of New York, or University at Albany Foundation or any of their officers, agents, volunteers, or employees (hereinafter referred to as “Released Parties”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me while participating in the Visit.

To the best of my knowledge, I am in good physical condition and am not aware of any physical infirmity which would place me at risk while participating in the Visit or any associated activities. I am fully aware of the risks and hazards connected with the Visit and associated activities, including the risk of bodily injury. I hereby elect to participate as a voluntary participant in the Visit and engage in activities during the Visit knowing that the activities may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss or personal injury that may be sustained by me as a result of being engaged in activities at the Visit. I further hereby agree to indemnify and hold harmless the Released Parties from any loss, liability, damage or costs, including court costs and attorney’s fees, that may incur due to my participation in the Visit.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse if I am alive, and my heirs, assigns and personal representative if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to pursue damages against the Released Parties. I further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of New York. In signing this release, I acknowledge and represent that I, or my parent or legal guardian have read and understand it and sign it voluntarily without any inducement; I am either at least eighteen (18) years of age or my parent or guardian will also sign this Agreement and we are both fully competent; and I or my parent or legal guardian execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Prospective Student-Athlete (must be 18 years old): Print and Sign Name: ____________________________ Date:

Parent or Legal Guardian (required if prospect is not 18 years of age): Print and Sign Name: ____________________________ Date:

Note to prospective student-athlete: In addition to this form, the following must be presented to the University at Albany Sports Medicine staff prior to participating in an on-campus evaluation with the men’s or women’s basketball program:

- Proof of medical insurance
- Written M.D. clearance to participate in athletic activity (physical must be within 6 months of the evaluation or within 6 months of the start of your recently completed basketball season.)
- Sickle Cell Trait paperwork in the form of one of the following:
  1. Proof of previous Sickle Cell Trait test (signed results in physical by MD is acceptable);
  2. Waiver signed declining desire to have test performed (may be completed on campus); or
  3. Arranging a Sickle Cell Trait test prior to evaluation (results must be received prior to participation).

All medical paperwork shall be submitted and filed in advance of the on-campus evaluation with Sports Medicine. Medical paperwork can be emailed to: John Sylak, Assistant Athletic Trainer – Men’s Basketball, at jsylak@albany.edu or Rebecca Sanger, Assistant Athletic Trainer – Women’s Basketball, at rsanger@albany.edu