

UCF Spirit Program Tryout Application

Please check one of the following:

Cheerleading _____ **Mascot** _____ **Dance** _____

For Office Use Only

Insurance _____

UCF ID/Acceptance _____

Day 1 _____ Day 2 _____ Day 3 _____

Name _____
LAST FIRST MIDDLE

Social Security Number _____ - _____ - _____ **Date of Birth** _____ / _____ / _____

Address _____
STREET CITY STATE ZIP

Current Phone Number (_____) _____ **Cell Phone Number** (_____) _____

E-Mail Address _____ **High School** _____

Date of High School Graduation _____ / _____ / _____

Parent's Name _____ **Parent's Home Phone** (_____) _____

Parent's Work Phone (_____) _____ **Parent's Cell Phone** (_____) _____

Please complete ONE of the following appropriate columns.

Cheerleaders Only:

Mascots Only:

Dancers Only:

Height _____

Height _____

Height _____

Weight _____

Weight _____

Weight _____

Sizes:

Uniform Top _____

Sizes:

T-Shirt _____

Sizes:

Uniform Top _____

Uniform Pants/Skirt _____

Pants _____

Uniform Pants _____

Game Shorts _____

Practice Shorts _____

Uniform Skirt _____

Practice Shorts _____

Shoes _____

Shoes _____ T-Shirt _____

Shoes _____

Bust _____

T-Shirt _____

Hips _____

Inseam _____

Girth _____

Do you have any physical limitations or injuries that we should be aware of? _____

If YES, please explain _____

Are you allergic to any medications? _____

How did you learn about tryouts? _____

I agree to follow all rules and instructions given by the coaching staff at UCF during the weekend of tryouts. I understand that participating in any athletic sport or affiliated supporting program is not without risk of serious injury. I have been warned of this risk and will not hold the University or its coaching staff responsible for illness, accident, or injury.

Signature _____

Date _____ / _____ / _____

UCF ATHLETICS ASSOCIATION, INC. SPORTS MEDICINE DEPARTMENT
Student-Athlete Try-Out Health History Questionnaire

Student-Athlete Name _____ Soc. Sec. # _____

Date of Birth _____

-
-
- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a head injury / concussion and/or been knocked unconscious? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a cervical spine / neck injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a shoulder injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered an elbow / forearm injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a wrist, hand, and/or finger injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a spine, low back, and/or sacroiliac injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a rib, thorax, and/or chest injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a hip, groin, and/or thigh injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a knee injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered an ankle, lower leg, and/or foot injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a heat-related illness and/or received intravenous fluids (IV) for a heat-related problem? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been diagnosed with any allergies and/or ever had an unfavorable / allergic reaction to any medications, food items, and/or stings / bites? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been diagnosed with asthma and/or exercised induced asthma? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been diagnosed with diabetes? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever had chest pain and/or unexplained shortness of breath during or after exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Do you get tired more quickly than your teammates / friends do during exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been told that you have a heart murmur? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Has any family member or relative died of heart problems and/or of sudden death before age 35? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Has a physician ever denied or restricted your participation in sports due to any heart problems? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever had an electrocardiogram (EKG) of your heart? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Do you cough, wheeze, or have trouble breathing during or after exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Do you have only one of two paired, functioning organs (eyes, kidney, ovary, etc.)? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever had seizures or convulsions? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Do you or anyone in your family have sickle cell trait or disease? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been told by a physician to restrict your sports activity or not to participate in a sport? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Are you aware of any reasons why you should not participate in intercollegiate athletics at UCF at this time? |

If you answered YES to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail (use additional sheet(s) if necessary):

I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I fully understand that the **University of Central Florida**, its agents, servants, trustees, and employees disclaim liability, and will not be held liable for any injuries and/or illnesses not noted.

Student-Athlete Signature

Date

TRY OUT RELEASE & WAIVER OF LIABILITY

I, _____, certify that I am currently enrolled as a full-time
Student-Athlete Print Name

student at the University of Central Florida (at least 12 credit hours). I acknowledge that I am completely aware of the inherent risks associated with _____, and hereby waive, release, and
Sport

discharge the State of Florida, the Florida State Board of Higher Education, the University of Central Florida, the UCF Athletics Association ("UCFAA"), the University of Central Florida Sports Medicine Department, its physicians, the athletic team, and all of their respective members, officers, employees, and agents (hereinafter referred to as **THE UNIVERSITY GROUP**), from any and all liability and responsibility in the event that I become injured in any way during the tryout period. I further state that I take full responsibility for any injury that may occur as a result of my participation, and that I will not hold THE UNIVERSITY GROUP responsible for any aggravation of pre-existing injuries prior to or during this tryout.

I warrant that I am in adequate physical condition, that I am physically able to perform this tryout, and that I have no known physical conditions, which could be materially worsened or aggravated by my participation, unless stated below:

It is my understanding that the UCFAA may deny my participation in a tryout due to a medical condition found in my health history. It is my understanding that any pre-existing medical condition may have to be corrected prior to the tryout and/or acceptance to the team. In addition, all costs associated with any tests, consultations, and/or medical procedures needed to gain approval/certification for participation are the responsibility of myself, and/or my parent(s) / guardian(s).

In consideration for the UCFAA granting me permission to engage in said tryout, and thereby foregoing its right to prevent me from participating in said tryout, I hereby release THE UNIVERSITY GROUP from any and all liability, claims, costs or expenses resulting from any and all injuries that I may suffer during my participation in a tryout.

I further acknowledge that I am signing this waiver voluntarily and with complete understanding of the terms and conditions herein.

Student-Athlete Signature

Date

Student-Athlete Social Security Number

Parent / Guardian Signature (if under 18 years of age)

Date

Parent / Guardian Print Name

Witness Signature

Date