

2008-2009
Walk-On/Try-Out Clearance Card

Name: _____ SS#: _____

Sport: _____ Academic Year: _____ Try Out Dates: _____

Email Address: _____

Coach's Signature: _____

******MUST HAVE SIGNATURE BEFORE PAPERWORK PROCESS CAN BEGIN******

1. Proof of Enrollment (Transcript or class schedule)
12 credit hour minimum to try-out
(15 Required if you make the team)
2. Initial Eligibility Clearinghouse/Continuing Eligibility
3. Proof of valid primary health insurance (copy back and front)
4. Proof of current physical exam
5. Signed liability release & assumption of risk agreement
6. Forms and walk-on clearance card returned to Athletic Department

Office Use Only:

Initials & Date

Initials & Date

Initials & Date

Initials & Date

Initials & Date

Initials & Date

PHYSICAL EXAMINATION		MUSCOSKELETAL
Circle N if Normal, Cross it out with an X if Abnormal and Comment Leave Blank if not examined		Students: Fill out prior to physical
Height	BIM:	Weight:
Blood Pressure (Sitting/Rt. Arm) _____		PMH:
Cuff Size R L T		
Pulse: Resting Rate _____		
2 mins after 30 sec exercise _____		
		MSK:
Visual Acuity: <input type="checkbox"/> With or <input type="checkbox"/> Without Correction		
L20/ R/20/ With Contact Lenses Y <input type="checkbox"/> N <input type="checkbox"/>		Diet/Supplements:
General Appearance: NDWN (W B O P) (M F)		
Somatotype: Thin Normal Heavy Fat Marfan		Allergies:
Pupils: L <input type="checkbox"/> Greater Than <input type="checkbox"/> Equal To <input type="checkbox"/> Less Than R		
Eyes: E.O.M: N		Medication:
Ears/ Nose/Throat: N		
Lymph Nodes: N		
Cardiac (including murmur): N		
Neuro: N		
Chest Lungs: N		
Abdomen: N		
Genitalia/Hernia: N		
Skin: N		
Other Remarks:		
Doctor's Signature:		Screen Bse:
FOR ATHLETIC DEPARTMENT USE ONLY		
1. <input type="checkbox"/> Unrestricted activity in sport or events noted:		Pending: LEP, BP, Lab, X-Ray
2. <input type="checkbox"/> No participation until: ___/___/___ and/or		Pending: LEP, BP, Lab, X-Ray
3. <input type="checkbox"/> Conditional participation limited to:		Pending: LEP, BP, Lab, X-Ray

Date: _____ Team Doctor's Signature: _____

RELEASE FOR PARTICIPATION IN ATHLETIC TRY-OUTS AND ASSUMPTION OF RISK AGREEMENT

UVSC Athletics
2006-2007

You are required as a condition of participation in any try-outs or as a walk-on for any UVSC athletic team to complete this Release to Participate in Athletic Try-outs and Assumption of Risk Agreement and return it to the Athletic Office. **You will not be able to participate in any athletic activity until this form is read, understood, signed and returned.**

Because try-outs for any UVSC athletic team involves strenuous physical exercise that can subject you to serious injury and even death either because of the dangers of the sport itself or from your lack of adequate conditioning, it is important that you fully recognize your potential for injury. Where you are trying out for an athletic team your athletic abilities and conditioning have not been assessed and are not known to UVSC or those evaluating you. You must rely upon your assessment of your athletic ability and your assessment of your physical condition in consultation with your personal Physician to determine the appropriateness of your participation. **You must have a complete physical before participating in any try-out.**

PLEASE PRINT CLEARLY

Name _____ SS# _____

Birth Date _____ Local phone _____ Sport _____
Day/Month /Year

Local Address _____ Age _____
and Street City Zip Code

Parent/Guardian's Name _____ Phone (____) _____

Address _____
and Street City State Zip Code

To participate in any athletic try-out you must have a health or accident insurance policy which provides you coverage for all athletic injuries.

Health Insurance Co. _____ Effective Date of Policy _____

Address _____
and Street City State Zip Code

Photo Copy of Insurance Card Attached (must copy front and back)

Proof of Physical

ASSUMPTION OF RISK AND RELEASE AGREEMENT

UVSC Athletics

I know and recognize that participation in any athletic try-out at UVSC is done on a completely voluntary basis without compulsion or coercion, and is not a mandatory class requirement. I know that _____ is an inherently dangerous and hazardous sporting activity. I know that I should not participate unless I am medically able and properly trained. I also know that, although despite proper training, and proper physical conditioning, by participating in my sport, I am subjecting myself to probable injury. I assume the risk of participating in such sport, including travel to and from any try-out events, and being in or near the area of participation. I also assume any and all risk associated with my sport, including, but not limited to, falls, collisions with other participants, the effects of weather, and the condition of the playing surface, all such risks being known and appreciated by me.

I recognize that UVSC may not provide certified or experienced coaches, trainers, and medical personnel and thus, I will not rely on such counsel, advice or services. I agree to abide by all decisions of those who oversee the athletic try-out, and I attest that I will not participate in such athletic events or sports unless I am physically and medically fit and sufficiently trained to participate. If I misrepresent, in any way, that I am medically able and fully and properly trained in order to play, I fully assume all risks as a result of my participation.

THE UNDERSIGNED, BY MY SIGNATURE BELOW AFFIRMS THAT I HAVE CAREFULLY READ THIS RELEASE TO PARTICIPATE IN ATHLETIC TRY-OUTS AND ASSUMPTION OF RISK AGREEMENT; I UNDERSTAND ITS CONTENT AND PURPOSES, AND I VOLUNTARILY AGREE TO ALL THE TERMS SET FORTH ABOVE.

Date

Participant's Signature

Participant's Parents Signature

(Required if participant is under the age of 18 years old)

Witness