

## Walk-On/Try-Out Clearance Card

Name	SS #	
Sport	Academic Year	Try-out Dates
Email Address	Phone #	
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

<i>Office Use Only:</i>	
_____ Initials	_____ Date
_____ Initials	_____ Date
_____ Initials	_____ Date
_____ Initials	_____ Date
_____ Initials	_____ Date

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

UVU Athletics

As a condition of participation in any try-outs or as a walk-on for any UVU athletic team, you are required to complete this *Release for 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.**

Try-outs for any UVU athletic team involve strenuous physical exercise that can subject you to serious injury and even death. Injury can occur 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. When you are trying out for a team your athletic abilities and conditioning have not been assessed and are not known to UVU coaches and staff. You must rely upon your own assessment of your athletic ability and 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 #	
Sport	Age	Birth Date (Day/Month/Year)	
Local Address		Local Phone	
Parent/Guardian's Name		Phone#	
Address (street)	(City)	(State)	(Zip)

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 (street)	(City)	(State)	(Zip)

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

**Proof of Physical**

# ASSUMPTION OF RISK AND RELEASE AGREEMENT

## UVU Athletics

I know and recognize that participation in any athletic try-out at UVU 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, 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 UVU may not provide certified or experienced coaches, trainers, and medical personnel and 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.

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

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Participant's Signature

Date

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Participant's Parents Signature  
(Required if participant is under the age of 18 years old)

Date

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Witness

Date