

**UNIVERSITY OF WASHINGTON ATHLETIC TRAINING ROOM
REQUIREMENTS FOR ALL CREW TRY OUTS**

In order for the tryout procedure to run smoothly we have provided the following three forms:

- 1. CRITERIA FORM**
- 2. WAIVER FORM**
- 3. BLANK PHYSICAL FORM**

Please read the criteria form and then fill out the waiver form. Some physicians may ask for a blank physical form. We have provided one if you need it. If you are using their form make sure all the required information is on it.

Scroll Down



UNIVERSITY OF WASHINGTON ATHLETIC TRAINING ROOM
CRITERIA FOR ALL "CREW" TRY OUTS

1. Proof of physical within the last six months by one of these providers, an MD (Medical Doctor), a Physician Assistant (PA), a Nurse Practitioner (LNP), or a DO (Doctor of Osteopathy) indicating you are cleared to participate without restriction(s). It needs to have the name, address, phone number of the clinic and the provider's name on the form. It needs to be signed and dated by him/her. If he/she requests a blank physical form from us prior to your physical see attached.
2. Proof of medical insurance. Proof of medical insurance includes:
 - a. A legible copy of your insurance card front and back **(the actual card is preferable)**
OR
 - b. The following information: Insurance Plan Name, Subscriber Name (Subscriber means the person who the plan is under - ie. mom, dad, you, etc), Subscriber's Phone Number, Subscriber ID Number, Group Number, and Insurance Plan Phone Number.
3. Fill out the waiver form completely. If you have a legible copy (front and back) of your insurance card or the actual card for us to copy then you will not need to fill out the insurance information section. In the section "Check the following:" under "I have disclosed all medical conditions that may impact my ability to participate in rigorous athletic activities. They are the following:" Here are some examples that may apply to you:
 - a. If you are asthmatic and use an inhaler
 - b. Allergic to bees and require an Epi pen (indications for use)
 - c. Require glucose for diabetes
 - d. Or any other medical conditions we need to be aware of.

If you don't have any medical conditions we should be aware of check the first line.

If you are under the age of eighteen a parent or legal guardian must also sign the waiver.

The try out period for men's and women's crew is one month.

If you make the team and are added to the official roster you will then be required to have an official pre-participation examination by a University of Washington Team Physician. These exams must be scheduled through the athletic training room. After passing the pre-participation physical exam you will be eligible to compete as a University of Washington student-athlete.

ALL FORMS MUST BE FILLED OUT AND SIGNED IN BLUE/BLACK INK.

Preparticipation Physical Evaluation

Name _____	Date of Birth _____
Height _____	Weight _____
Pulse _____	BP ____/____ (____/____, ____/____)
Vision R 20/____ L 20/____ Corrected: Y____ N____ (contacts/ glasses)	
List any known allergies: _____	

NORMAL

ABNORMAL FINDINGS

INITIALS

MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/ Arm			
Elbow/ Forearm			
Wrist/ Hand			
Hip/ Thigh			
Knee			
Leg/ Ankle			
Foot			

<input type="checkbox"/> Cleared	
<input type="checkbox"/> Cleared after completing evaluation/ rehabilitation for:	

<input type="checkbox"/> Not cleared for (Reason/ Recommendations):	

Name of physician (print/type) _____	Date _____
Clinic Name & Address _____	

Phone# _____	
Signature of physician _____, MD or DO	