



DATE COMPLETED: \_\_\_\_\_

SPORT: \_\_\_\_\_

ARE YOU ADOPTED? YES NO

NAME DATE OF BIRTH SEX M / F BANNER ID

Explain "Yes" answers below. Circle questions you don't know the answer to.

Form with 57 numbered questions and checkboxes for YES/NO. Question 38 is highlighted in yellow.

Explain "Yes" answers here: \_\_\_\_\_

The undersigned, herewith,

- Give authorization to the team physician, athletic trainer, physical therapist, and other sports medicine consultants to evaluate and treat any injuries that occur as a result of my athletic participation at Catawba College. This includes and is not limited to immediate first aid treatment, physical exam, medical imaging tests, follow-up care and rehabilitation in the Athletic Training Room;
Understands that I must refrain from practice or play while ill or injured, whether or not receiving medical treatment until I am discharged from treatment or am given permission by the clinical practitioner to restart participation despite continuing treatment;
Understands that having passed the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me at time of said examination; and
States that, to the best of my knowledge, my answers to the above questions are complete and correct.

Athlete's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Witness' Signature: \_\_\_\_\_

Date: D \_\_\_\_\_



CATAWBA COLLEGE
SPORTS MEDICINE

Preparticipation Physical
Photocopies NOT Accepted

NAME DATE OF BIRTH SPORT
HEIGHT WEIGHT BP PULSE
VISION R 20 / L 20 / CORRECTED? Y / N PUPILS EQUAL / UNEQUAL

Appearance ( ) ABNORMAL FINDING / HISTORY
Eyes/ears/nose/throat ( )
Hearing ( )
Lymph Nodes ( )
Cardiopulmonary
Auscultations (murmurs) Supine Standing Pulses: Brachial Femoral
Lungs ( )
Marfan's ( ) Arm span>height Kyphoscoliosis Concave chest + Thumb/wrist
High arch/palate/feet Inguinal Hernia Nearsighted Heart murmur

Tanner Stage
Skin ( )
Abdomen ( )
Genitourinary ( )
Musculoskeletal NORMAL ABNORMAL FINDING / HISTORY
Head ( )
Neck ( )
Back ( )
Shoulder/arm ( )
Elbow/forearm ( )
Wrist/hand/fingers ( )
Hip/thigh ( )
Knee ( )
Leg/ankle ( )
Foot/toes ( )

Blood Sickle Cell Test Disease: Positive / Negative Trait: Positive / Negative
Urinalysis Sugar Albumin Micro, if indicated

I certify that I have on this date examined this student and that, on the basis of the examination requested by the institution and the student's medical history as furnished to me, this student is:
( ) CLEARED WITHOUT RESTRICTION
( ) CLEARED, WITH RECOMMENDATIONS FOR FURTHER EVALUATION OR TREATMENT FOR:
( ) NOT CLEARED
( ) FOR ALL SPORTS
( ) FOR CERTAIN SPORTS Please explain / give reason

Name of Physician (print) Date

Physician Address City State Zip Phone

Signature of Physician, MD or DO

Athlete's Signature Date

Parent/Guardian Signature (If athlete is under 18 years of age) Date

7 UHk VU7 c`Y[ Y Athletics Department

~~XXXXXX~~ Tryout Application Form

Tryouts must be approved by all parties prior to an individual trying out for a ~~Óææ àæ~~ athletics squad.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Coach: \_\_\_\_\_ Sport: \_\_\_\_\_  
(last) (first) (middle initial)

Social Security #: \_\_\_\_\_ Banner ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Local Address: \_\_\_\_\_  
(city) (state)

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Junior College (if applicable): \_\_\_\_\_ Circle One: Recruited / Non-recruited

ACADEMIC HISTORY

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

Did you take the SAT/ACT? Yes / No Score: \_\_\_\_\_ Test Date: \_\_\_\_\_

Have you registered with the NCAA Clearinghouse? Yes / No  
If yes, were you certified by the Clearinghouse? Yes / No

Not including ~~Óææ àæ~~ ||^\*^, have you ever enrolled in and attended classes at any  
collegiate institution above the high school level? Yes / No

Did you receive athletically related financial aid? Yes / No Name of Institution: \_\_\_\_\_

**I certify that the above information is accurate and true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Please attach a copy of your photo ID, as well as a current class schedule**

**FOR STAFF USE ONLY**

Academic Coordinator/Compliance

Recruited \_\_\_\_\_ Non-Recruited \_\_\_\_\_ First Date of Tryout: \_\_\_\_\_  
(15 days) (45 days)

14 Day Tryout Ends: \_\_\_\_\_

Copy of Class Schedule Attached: Yes / No Photocopy of Government Issued ID: Yes / No

\_\_\_\_\_  
Approved for Tryout Practice Signature Date

Enrolled in \_\_\_\_\_ credits Date Checked \_\_\_\_\_ AC Staff \_\_\_\_\_

Athletic Training

Insurance Information Received: Yes / No Proof of Recent Physical Exam Provided: Yes / No

Release of Liability: Yes / No \_\_\_\_\_  
Approved for Tryout Practice Signature Date

Compliance notification sent to Head Coach regarding approval for tryout

\_\_\_\_\_  
Staff Signature Date



# CATAWBA COLLEGE SPORTS MEDICINE

## 7 Utk VU7 c`Y Y Athletic Tryout Assumption of Risk/Waiver Liability

I, \_\_\_\_\_ intend to participate in the sports tryout offered by Catawba College Athletics. I have been advised and I understand that certain risks are inherent to this experience and that these risks may result in injuries including but not limited to lacerations, contusions, dislocations, fractures, sprains, strains, elevated heart rate, or a variety of other conditions. I also understand that I will be involved in physical activities such as running, jumping and other sport specific demands and I understand that I am responsible to inform the coach and athletic trainer if I experience any physical difficulty during the tryout. I further declare that I am physically fit and capable to participate in such activities, except as limited on the previous page.

I agree, for myself and on behalf of my heirs, personal representatives, assigns and anyone acting on my behalf, to waive, release, forever discharge, covenant not to sue, agree to hold harmless and indemnify Catawba College and its Board of Trustees, its staff, its coaches, its athletes, its students, its faculty, its administrators, its trustees, its donors, its alumni, its friends, its neighbors, its community, its state, its country, and the world from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by Catawba College, its Board of Trustees, its staff, its coaches, its athletes, its students, its faculty, its administrators, its trustees, its donors, its alumni, its friends, its neighbors, its community, its state, its country, and the world, in connection with or arising out of my participation in the sports tryout.

**THIS IS A RELEASE OF LEGAL RIGHTS. BE SURE TO READ AND UNDERSTAND  
ALL THE ENCLOSED MATERIALS BEFORE SIGNING.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian Signature (if under 18) \_\_\_\_\_

Date \_\_\_\_\_

Please return to Catawba College Sports Medicine Staff once completed.

# Catawba College Sports Medicine

## Sickle Cell Waiver

The NCAA mandates that prior to participation in any intercollegiate athletic event, including strength and conditioning sessions, practices, competitions, or try-outs, all student-athletes have to confirm their sickle cell trait status by either (1) providing proof of testing, (2) being tested, or (3) signing a testing waiver. This is to make coaches and athletic trainers aware that some athletes may need to take additional precautions. Having awareness and taking proper precautions can help sickle cell trait carriers enjoy successful and healthy athletic careers.

### Facts About Sickle Cell Trait:

- Sickle cell trait (SCT) is an inherited condition that affects the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common medical condition that is most predominant in African-Americans, but people of all races and background may test positive.
- Sickle cell trait is generally benign, and almost all of the 3 million Americans with sickle cell trait live healthy normal lives. However, during maximal exercise the oxygen levels in muscles can decrease sufficiently to cause some of the red cells to change from the normal disk shape to a crescent or sickle shape. These sickled red blood cells can block blood vessels in muscles, kidneys, and other organs resulting in severe damage to the involved tissues and even death.

### Sickle Cell Trait Testing Protocol for 7 UNK VU:

- All students wishing to try-out and/or participate for any ~~OU~~ athletic team must either:
  1. Provide proof of prior sickle cell testing by giving results to the ~~OU~~ Sports Medicine Department
  2. Complete this Sickle Cell Trait Testing Waiver form and return it to the ~~OU~~ Sports Medicine Department
  3. Optional: Sickle Cell Trait Testing is available at the ~~OU~~ Health Center for a minimal fee  
(A small sample of blood is taken from the finger, aka via a "needle prick", and is evaluated in a laboratory)
- It is the policy of the ~~OU~~ Sports Medicine Team that any student-athlete with a positive sickle cell trait will not be discriminated from participation. However, it must be understood that the ~~OU~~ Sports Medicine Team has full authority to enact precautions in order to prevent or treat any complications arising from a sickle cell trait crisis.
- All athletes that test positive for sickle cell trait will be scheduled for a referral session with our team physicians prior to participation.

### SICKLE CELL TRAIT TESTING WAIVER

I, \_\_\_\_\_, understand and acknowledge that the NCAA and the ~~OU~~ Athletic Department recommend that all students wishing to try-out and/or participate for any ~~OU~~ athletic team have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injured, ailments, and/or other disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the ~~OU~~ Sports Medicine Staff.

I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless ~~OU~~ its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the recommendation of the NCAA and the ~~OU~~ Sports Medicine Department.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

\_\_\_\_\_  
Student-Athlete Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Sport(s)

\_\_\_\_\_  
Parent/Guardian Name (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Signature