

Brigham Young University Athletics PRE-PARTICIPATION PHYSICAL EXAM SPORTS MEDICINE DEPARTMENT

Preferred Name

Date	
File No.	

Athlete Cell

Athlete Local Address (Street)	(City)		(State)	(ZIP)	Athlete Loca	l Telephone	
Date of Birth Social S	Security Number	Email Address			Sport		L
		Ellia Mai Ca	•		Sport		
Parent/Guardian Name		Insurance	· · · · =		Parent/Guar	dian Telephon	e
Parent/Guardian Address (Street)	(City)		(State)	(ZIP)			
							
PHYSICAL EX	KAMINATION		MUSC	ULOSKE	LETAL IN	JURIES	
CIRCLE (WNL) IF NORMAL — COMI	MENT IF ABNORMAL		Comments:		'		
Height:	Weight:						
Blood Pressure (Sitting/Rt. Arm)							
Cuff Size R L T							
Pulse: Resting Rate							
2 min. after 30 sec. exercise							
Visual Acuity:	rrection						
L20/ R20/ With Contact Lenses							
General Appearance/ NDWN (W B O P							
Somatotype: thin, normal, heavy, fat, ma	iari						
Pupils: L ☐ Greater than ☐ Equal to ☐ Less the	nan R						
Eyes: E.O.M.: WNL							
Ears/Nose/Throat: WNL							
Lymph Nodes: WNL							
Cardiac (including murmur): WNL							
Neuro: WNL	1						
Chest-Lungs: WNL			*Allergies:				
Abdomen: WNL							
Genitalia/(Pelvic)/Hernia: WNL declined □		clined 🚨		•			
Skin: WNL							
Other/Remarks:			•				
Doctor's Signature	•						
	(FOR ATHLETIC DEPA	RTMENT	USE ONLY)				
Unrestricted activity in sport or events noted:			·	Pending	:		
2. No participation until//	: and/or			Pending	;		
Conditional participation limited to:				Pending			
Comments							

Team Doctor's Signature _

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

You are required as a condition of participation in any try-outs or as a walk-on for any BYU 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 BYU 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 BYU 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	Birthdate	.//	
		y Month	
Cell phone	Sport	Age	
Local Address			
# and street	City	State	Zip Code
Parent/guardian's name	Phon	e ()	·
Parent Address			
# and street	City		Zip Code
To participate in any athletic try- which provides you coverage for		or accident insu	rance policy
Health Insurance Co	Effective date of	Policy	-
Address			
# and street	City		

PRE-EXISTING ORTHOPEDIC CONDITIONS

NAME		Sport
History - Include the following:	a. b. c.	type of injury (ie - sprained ankle, pulled hamstring, dislocated shoulder, etc) indicate body part on the chart below (mark with an "X" the location) list date (month/year) of injury
	C.	ist date (month/year) of injury

I acknowledge that I have the above pre-existing condition and will not hold Brigham Young University responsible for any debts incurred by me for this condition.

Signature	Date
9	Buto

ASSUMPTION OF RISK AND RELEASE AGREEMENT

On a completely voluntary basis withou	pation in any athletic try-out at BYU is done
mandatory class requirement. I know t	hat in an
minoretray darigerous and nazardous sp	OFTING ACTIVITY know that I should not
participate unless I am medically able ar	id properly trained. Lalco know that
although despite proper training, and pr	oper physical conditioning by participant
in thy sport, I am subjecting myself to p	robable injury I assume the risk of
participating in such sport, including tra	vel to and from any try-out overte and
being in or near the area of participation	l. I also assume any and all rick association
with my sport, including, but not limited	to, falls, collisions with other participants
the effects of weather, including high hi	eat and/or humidity, and the condition of
the playing surface, all such risks being	know and appreciated by me.
I recognize that BYU may not pro-	vide 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 decision	is of those who oversee the athletic try-
out, and I attest that I will not participat	e in such athletic event or sports unless t
am physically and medically fit and suffi	ciently trained to participate If I
misrepresent, in any way, that I am med	lically able and fully and properly trained in
order to play, I fully assume all risks as	a result of my participation.
THE UNDERSIONED DV MV GION	ATURE RELEASE STATE
CAREELLI V READ THIS DELEASE TO B	ATURE BELOW AFFIRMS THAT I HAVE
ASSUMPTION OF RISK AGREEMENT; I	ARTICIPATE IN ATHLETIC TRY-OUTS AND
PURPOSES, AND I VOLUNTARILY AGRE	F TO ALL THE TERMS SET EORTH
ABOVE.	L TO ALL THE TERMS SET FORTH
Dated	
Participant's Signature	
ranticipant's Signature	
Participant's Parents' Signature	
(if a minor)	
Witness	