

July 1, 2015

Congratulations on your upcoming tryout as a non-scholarship student-athlete at the University of South Carolina. To ensure that your tryout proceeds successfully and safely, we have enclosed a list of items to be completed prior to your tryout date.

## 1. Pre-Participation Physical (including proof of sickle cell testing):

Enclosed is a form for medical clearance that must be completed and signed by a certified physician prior to your participation in the tryout. We recommend this pre-participation medical evaluation be performed by your primary doctor, as this doctor will likely have greater knowledge and records of your past medical history. Alternative options are: University of South Carolina Student Health Center, if you are a student, (803) 777-3175; or call for an appointment at the University Specialty Clinics-Family and Preventive Medicine (803-434-2467) in Columbia. Although urgent care centers are acceptable facilities to obtain an exam, they are not ideal and are discouraged by our medical team. Any charges related to obtaining your exam are your responsibility. In the event that you are under current treatment for a musculoskeletal problem that may limit your abilities to tryout, or if you have had a recent surgery, a clearance letter from your treating physician or surgeon is also required.

## 2. Proof of Insurance:

All applicants must bring proof of a Health Insurance Policy under which you are currently covered. Again, this must be a current up to date policy with eligible benefits in the state of South Carolina. You will be responsible for medical expenses, exclusive of primary insurance, up to \$7,500.

## 3. Signed Waiver:

Enclosed is a waiver which includes release information regarding protected medical information, shared responsibility for sport participation, etc. Completion of a pre-tryout physical and a successful tryout does not automatically clear you for your sport. All student-athletes must undergo a screening pre-participation physical exam annually by the University of South Carolina Team Physicians.



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Thank you for your interest in becoming a student-athlete at the University of South Carolina. Please review the information in this letter and have all of the required information completed prior to your try-out date. If you have questions, please do not hesitate to call me at (803) 777-7885.

Sincerely,

John J. Kasik, MS, ATC, Cped, Associate AD/Sports Medicine

encl:

Pre-Participation Physical Evaluation Form Primary Insurance Form Consent Waiver