ONE DAY TRY-OUT CLEARANCE FORM

OFFICE OF ATHLETICS COMPLIANCE

This form is specifically for ONE DAY try-outs only. Please complete the below information prior to any activity.

First Name: _____ Last Name: _____ M-Number: _____

Date of Birth: _____ Intended Try-Out Sport: _____

I understand and assume the accompanying risk of physical injury or death from such athletic activity. I or my heirs, executors, administrators or assignees release the University of Cincinnati, its employees and representative, from all claims or liability whatsoever for any injuries or death resulting from such athletic tryouts.

I have no knowledge of any physical impairment or disability that would be affected by or would affect my participation in the above tryout.

Sickle Cell Test: Please select "Yes" to one of the two options below regarding sickle cell solubility testing.

☐ I decline the sickle cell solubility test and understand and assume the accompanying increased risk or physical injury or death from engaging in athletic activity without having undergone sickle cell screening. I or my heirs, executors, administrators or assignees release the University of Cincinnati, its employees and representative, from all claims or liability whatsoever for any injuries or death resulting from such athletic tryouts.

☐ I have previously undergone the sickle cell solubility test and have provided a copy of the results to the UC Sports Medicine Department.

_____ _____

Try-Out Participant Signature *Date*

_____ _____

Parent/Guardian Signature (if under 18) *Date*

Have you had a physical within the last six (6) months? ☐ Yes ☐ No Date (*if 'Yes'*): _____

Physician Name: _____ Physician Phone: _____

Physician Address *(street, city, zip code)*: _____

_____ _____

Physician Signature *Date*

To Be Completed By Sports Medicine Department

I certify that this individual has provided the evidence of a completed medical exam within the last six (6) months, has presented proof of insurance, and has satisfied the requirements of the sickle cell solubility test. They are cleared to try-out for the above designated team.

_____ _____

Head UC Team Physician Signature *Date*

To Be Completed By Office of Athletics Compliance

I have verified that this individual is a full-time enrolled student on UC's main campus and eligible for tryout activities.

_____ _____

Compliance Staff Member Signature *Date*