

TRY OUT CLEARANCE FORM



OFFICE OF ATHLETICS COMPLIANCE

This form is for ONE-DAY and EXTENDED try-outs. An extended try-out period can be no more than fourteen (14) calendar days from the initial date in which athletic activities begin. Please complete the below information prior to any activity taking place.

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

Date Initial Activity Will Begin: _____ 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.

Try-Out Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

To Be Completed By Sports Medicine Department

- ☐ The individual has completed the sickle cell solubility test or has provided a copy of the results of a recently completed test to the UC Sports Medicine Department.
- ☐ The individual has completed a medical exam or has provided evidence of a completed medical exam that has taken place within the past six (6) months.
- ☐ The individual has not undergone a surgical procedure that could lead to medical disqualification.
- ☐ The individual does not have a disqualifying injury, illness, or condition.
- ☐ The individual has presented proof of Medical Insurance.

I certify that this individual has completed the above items and are medically cleared in order to participate in the extended try-out for the above designated sport.

UC Sports Med Staff/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 meets the requirement in order to be eligible for tryout activities.

Compliance Staff Member Signature

Date