



Tryout Participants,

Please fill out all the attached forms and return them to the Football Front Desk with the listed paperwork:

- Physical Paperwork
- Sickie Cell Results
- Tryout release forms if under the age of 19

Also provide the required information:

Name: _____
High School: _____
Age: _____
Football Positions: _____

Tryouts will be in the Hawks Championship Center beginning at 12pm on Wednesday February 25th. If you have questions please email Ryan Gunderson (gundy@huskers.com).

**PAPERWORK IS REQUIRED BY
MONDAY FEBRUARY 23, 2015**

**PLEASE RETURN TO
FOOTBALL FRONT DESK**



Husker Athletic Compliance Office

Tryout Tracking Form

Tryout Date: 2/25/14

Name: X

Sport: FOOTBALL

First Date of Full-time Enrollment at Any Institution: X

Institution Where First Date of Full-time Enrollment Occurred: X

Student ID#: X

Signature of Coach _____ Date _____

Athletic Training Section

1. This student has completed a physical & is medically cleared to tryout. ☐ YES ☐ NO
2. This student has had a sickle cell test and UNL has received the results. ☐ YES ☐ NO

Signature from Sports Medicine _____ Date _____

NCAA Compliance Section

1. Is the student still within his/her five year clock? ☐ YES ☐ NO ☐ N/A
2. Is the student enrolled full time? ☐ YES ☐ NO ☐ N/A

Signature of Compliance _____ Date _____

Walk On Tryout Medical Information

The following documentation is required by The University of Nebraska Athletic Department before participation in any voluntary athletic tryout can occur:

1. *Physical exam by a licensed medical doctor within the last 12 months*
2. *Sickle Dex lab results*
3. *IF UNDER THE AGE OF 19, a tryout release form must be signed by your parents/legal guardian in order for you to participate*

The University of Nebraska Athletic Department is not responsible for any costs involving physicals for voluntary tryouts

IF PHYSICAL/LAB WORK IS DONE AT THE STUDENT HEALTH CENTER,
DO NOT HAVE THEM FAX OVER THE RESULTS.
ORIGINAL COPIES MUST BE DELIVERED

2015 Nebraska Football Team Tryout Application

Name _____
Parent(s)/Legal Guardian(s) _____
Address _____
City _____ State _____ ZIP _____
Home Phone _____ Business Phone _____
High School _____
Coach _____ Age at Tryout _____

Parental Permission (if under 19 years old): I grant permission to the University of Nebraska-Lincoln Coaches, assistants or athletic trainers to act on my behalf for said minor _____ in granting permission for evaluation/ treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician. In addition, I hereby release the Board of Regents of the University of Nebraska and all its employees from all claims on account of any injuries which may be sustained by my son while attending the University of Nebraska Football tryout. I also agree to indemnify the Board of Regents of the University of Nebraska and its employees for any claim which may hereafter be presented to my minor son as a result of any such injuries. This school admits all qualified applicants without regard to disability, race, color, sex, religion, national or ethnic origin or sexual orientation.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION

Parent/Guardian Signature _____ Date _____
Allergic reactions to: _____
Medications currently taking: _____
Any past illnesses or other information that would be useful in the event medical treatment is necessary: _____

At this time, the below named athlete declares that there are no physical or medical problems that should limit participation in this activity.

Signature _____ Date _____

Questions? Call: 402-472-2276
University of Nebraska Athletic Medicine
One Memorial Stadium
Lincoln, NE 68588