

SJSU CHEER & DANCE

2024-25 SEASON

# TRYOUT PACKET





**\*\* READ EVERYTHING CAREFULLY, MISSING ITEMS WILL REFLECT POORLY ON YOUR CANDIDACY\*\***

Dear Prospective Athlete,

Welcome! This is the official tryout packet for the San José State University Cheer and Dance Program.

We appreciate your interest and wish you luck while deciding on the best program and university for you.

San José State University is a wonderful institution, located in the heart of Silicon Valley. San José State is a part of the Football Bowl Subdivision (FBS), formerly DivisionIA (large college division).

Along with embarking on the path to develop one of the most exciting and innovative programs in the country, San José State prides itself on its' academic excellence.

We are looking for positive and dedicated individuals, who have the ability to stay poised under pressure. As a member of the cheer and dance team at San José State University, you become an ambassador for the school, the city of San José, and Northern California. We are interested in people who will represent our program positively in all aspects.

We suggest that you arrive in your best physical condition and be able to demonstrate the highest level of skill that you can perform safely.

Our cheer team values clean and confident tumbling, the ability to support unassisted stunts, straight lifted lines in stunts and technique. Our dance team values strength, stamina, spatial and rhythmic clarity and flexibility.

The ideal candidate would be one that is loyal to the program, unafraid of hard-work, coachable and independently responsible—one who strives to be the best in all areas and values team success as much or more than their own.

We wish you good luck throughout the tryout process.

Sincerely,

Heather Gallegos  
Spirit Program Director  
Head Coach - Cheerleading

# Important Dates, Deadlines & Information

**TRYOUT REGISTRATION  
CLOSES:  
APRIL 24, 2024**

**TRYOUT VIDEO DUE  
DATE:  
APRIL 22, 2024**

**IN PERSON TRYOUT DAYS  
APRIL 26, 2024  
APRIL 27, 2024  
APRIL 28, 2024**

There is definitely an advantage to trying out in person: Trying out in person will show that you are committed to attending the university. You will be paired/grouped up with our returners while showing your abilities.

As one of the most prominent benefits, in person tryouts give you a chance to meet and interact with the coaches and team members of the current team.

The head coach will select the members of the team by taking into account the judges' scores and critiques along with personal evaluations made by the coaching staff over the entire tryout process (and over the past year for returnees).

It may be in your best interest to send in a preliminary video of what you are presently working on to display your skills. Our coaches will give you feedback on what you should do to increase your skill level before you try out. You will not be judged on this video (Please Label as "Preliminary Video").

Results will be posted following the tryout regarding who has been accepted on to the team or provisional team.

\*\*The allocation of scholarships may not be fully determined until after tryout results are given.

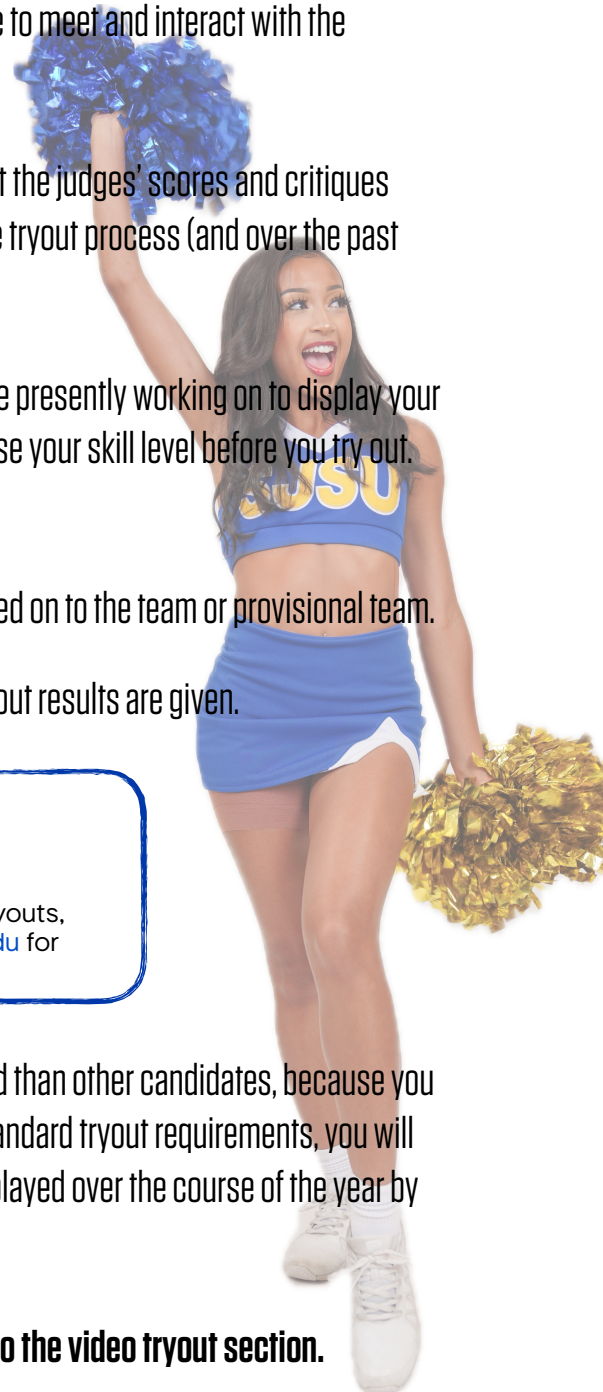
**\*\*\*IMPORTANT\*\*\***

**BOTH ROOKIES & RETURNERS:**

You will need to register online before tryouts, if you have not E-mail us at [spirit@sjsu.edu](mailto:spirit@sjsu.edu) for the registration link

**RETURNERS:** You will be expected to perform at a higher level and standard than other candidates, because you have been a part of the SJSU program for at least one year. In addition to standard tryout requirements, you will also be judged on attitude, work ethic, integrity and character that you displayed over the course of the year by the head coach.

**If you are unable to be at the in-person tryouts, please refer to the video tryout section.**



# In Person Tryout Schedule

## Wednesday, April 24:

Last Day to Register for Tryouts  
Registration Closes at 11:59 PM

Late registrations will be accepted on a case by case basis at the discretion of the head coach

## Monday, April 22:

Tryout Video Due Date

Email video to [spirit@sjsu.edu](mailto:spirit@sjsu.edu) by 11:59PM

Late submission will be accepted on a case by case basis at the discretion of the head coach

## Friday, April 26:

**MANDATORY Practice for all Candidates Time: 5:00 PM - 8:00 PM**

Learn Material – Open Skills – Questions and Answers – Tryout Setup

## Saturday, April 27:

1st Round Tryout Selection

Time: 9:00 AM

Tryout: 9:45 AM- TBD

Introduction – Cheer – Fight Song – Interview

2nd Round Prep: Advanced Stunts & Tumbling / Jazz Choreo & Hip Hop Choreo

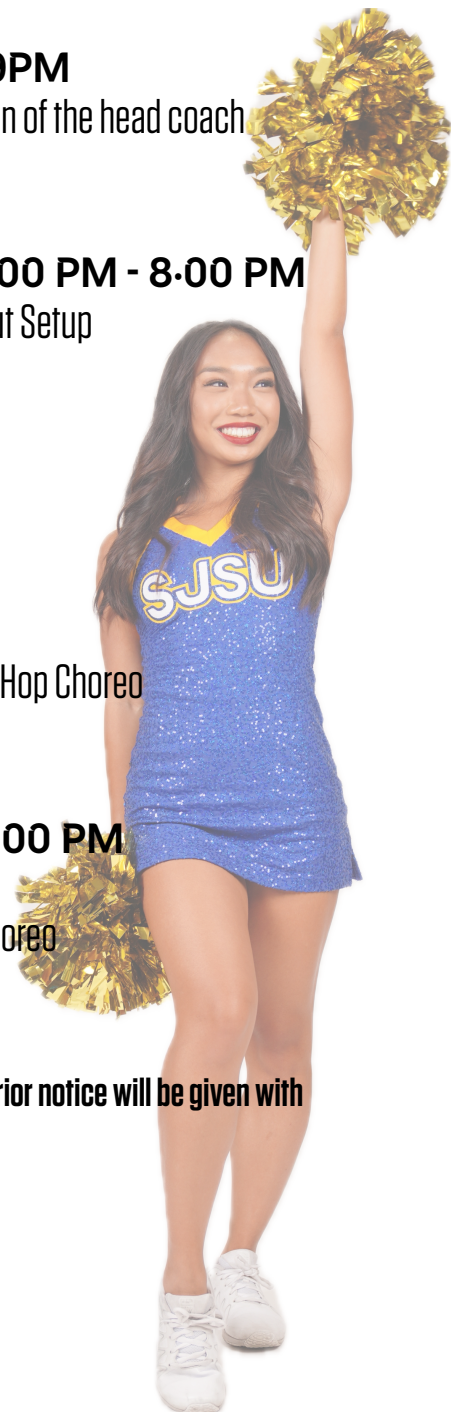
## Sunday, April 28:

Final Round of Tryouts Time: 9:00 AM - 4:00 PM

Tryout 10:00 AM - 4:00 PM

Introduction – Tumble & Stunts / Jazz Choreo & Hip Hop Choreo

**\*\*\*NOTE: Locations are subject to change. Should the location of any meetings change, prior notice will be given with date and/or time.**



# In-Person Tryout Checklist

- Waiver of Liability Form with appropriate information and signatures (**REQUIRED**)
- Proof of current physical + Completed Tryout Information Sheet (**REQUIRED**)
- Sickle Cell Trait Test Result (**REQUIRED**)
- Proof of acceptance/admission to San José State University
- Tryout Fee: \$25 for all new recruits and \$20 for potential returners (**CASH OR CHECK ONLY**)
- Head shot attached to tryout packet forms (preferred size: 8x10)
- Water, snacks, extra shirt (optional - you will be working hard)

**Apparel: Please come to all events dressed in comfortable practice clothes and appropriate shoes. We suggest ladies to wear shorts and a sports bra top during the actual tryout portion, and all trying out to wear only blue, gold, white, black or gray. Absolutely NO jewelry allowed**

**\*\*\*NOTE: If you do not have the first four items on this list with you on the first day, you WILL NOT be allowed to participate. If you are under 18, a parent or legal guardian must sign these forms.**

# Minimum Stunting, Tumbling & Fitness Test Requirements

## CHEER TEAM REQUIREMENTS ONLY

### Stunting Preferences:

#### Minimum:

1. Extended single leg stunts

#### Highly Preferred:

1. Extended Flipping stunts
2. Extended spinning stunts

### Tumbling Preferences:

#### Minimum:

1. Standing Back Hand Spring
2. Round Off Back Hand Spring Tuck

#### Highly Preferred:

1. Standing Back Tuck
2. Round Off Back Hand Spring Full

### Fitness Test Requirement:

1. 90 second squat hold (Thighs must be parallel to the ground)
2. 30 push-ups under 2 minutes (Elbows MUST be in, Military style)
3. 60 second handstand hold (stomach facing the wall)
4. 90 second hollow hold
5. Heel-stretches on both legs (TOPS ONLY)

**\*\*\*If chosen to be on the team the Fitness Test will be administered on the first day of in person practices.**

**NOTE:** Listed above are the **MINIMUMS**. Those that can do **MORE** than the minimum requirements will have a better chance of making the team. **RETURNERS** will be held to a higher standard. Any and all exceptions are subject to review by the judging panel and can be made by the discretion of the head coach.



# Minimum Stunting, Tumbling & Fitness Test Requirements

## DANCE TEAM REQUIREMENTS ONLY

### Individual Skill Preferences:

#### Minimum:

1. Right + Left Leg Split
2. Double Pirouette on left & right leg
3. Grand jete
4. Turns in a la second on right leg
5. Leap in second

#### Highly Preferred:

6. Head Spring
7. Rubber Band
8. Side Aerial (either side)
9. Any other tumbling

### Fitness Test Requirement:

1. 90 second squat hold (Thighs must be parallel to the ground)
2. 30 push-ups under 2 minutes (Elbows must be in, Military style)
3. 90 second plank hold

**\*\*\*If chosen to be on the team the Fitness Test will be administered on the first day of in person practices.**

**NOTE:** Listed above are the **MINIMUMS**. Those that can do **MORE** than the minimum requirements will have a better chance of making the team. **RETURNERS** will be held to a higher standard. Any and all exceptions are subject to review by the judging panel and can be made by the discretion of the head coach.



# IN PERSON TRYOUT LOCATION

FRIDAY APRIL 26 @ THE EVENT CENTER  
SATURDAY APRIL 27 @ THE EVENT CENTER  
SUNDAY APRIL 28 @ THE EVENT CENTER

★ Indicates parking areas



\*\*\*NOTE. Locations are subject to change. Should the location of any meetings changes, prior notice will be given with date and/or time.



# Video Tryout Checklist

**\*\*\*ALL VIDEO TRYOUT ITEMS MUST BE RECEIVED BY 11:59 PM  
on Monday, April 22, 2024\*\*\***

- Video/Zip file/Google Folder with all required elements emailed to spirit@sjsu.edu
- Completed Tryout Information Sheet
- Head shot of you
- Proof of acceptance/admission to San José State University
- Tryout Fee: \$25 for all new recruits and \$20 for potential returners

**\*Videos that arrive past due will be accepted at the discretion of the Head Coach.**

# VIDEO TRYOUT FORMAT

## \*\*\*IMPORTANT\*\*\*

Let us know you're sending a video! Email us at [spirit@sjsu.edu](mailto:spirit@sjsu.edu)  
Subject Title: "(your name) tryout by video"

Please follow this order for your video submission.

### 1. Questions from the General Information Sheet:

- You should have this information in a Word Document or PDF in your zip file/Google folder, along with a picture of yourself and proof of application or acceptance into San Jose State.

### 2. Personal Interview:

- On video, tell us your background and explain briefly why you would like to be part of the cheer or dance program at San José State University.

### 3. Cheer (Required for Cheer & Dance Team):

- Perform a cheer of your choice. You may use one of yours and it should pertain to San José State University. We will be looking at motion placement, sharpness, and presentation (energy and confidence). You may include additional skills, such as: stunts, tumbling, and/or jumps. If trying out for Dance you will still need to submit a sideline cheer of your choice.

### 4. Tumbling/Individual Skills:

- For tumbling/individual skill ideas, please review the top 10 teams in Division IA UCA/UDA College Nationals.
- DO NOT show any tumbling done on a spring floor or trampolines.
- DO NOT show any other individual skills done more than 2 years ago.

### 5. Stunts (Cheer ONLY) OR Freestyle (Dance ONLY).

- For stunting or choreography style, please review the top 10 teams in Division IA UCA/UDA College Nationals. If trying out for the Cheer team please show your best stunts. IF you are trying out for the Dance team we would like to see your best skills in a short freestyle. We are looking for variety, technique, and cleanliness.

\*\*\*Please DO NOT include video clips from competition or other footage that has already been posted online. All video footage must be current and shot specifically for this tryout video.\*\*\*

## \*\*\*IMPORTANT\*\*\*

1. Freestyle: For video, perform an individual dance routine of your choice. Approx. 45 sec.
2. Jumps: Required jump: Toe Touch. You may also include other jumps to show your strengths.
3. Optional: Any other skills that you would like to show pertaining to Cheer or Dance.

# Sammy Spartan Tryout

Sammy Spartan will attend & entertain at home athletics events (football, volleyball & men's & women's basketball games) & other requested sporting events such as away games, post-season & tournament play for football & basketball if applicable.

## Requirements

- Must be a full time student at SJSU
- Must have and maintain a minimum 2.0 cumulative GPA
- Must be spirited, physically fit, creative, outgoing, passionate, personable, have a flexible schedule
- LOVE BEING A SPARTAN!



## Schedule

### Saturday, April 27: Day 1 of Tryouts

Time- 10:00 AM - TBD

Introductions – Skit – Fight Song Review

### Sunday, April 28: Tryout Day!

Time- 10:00 AM - 11:00 AM

Tryout 11:00 - TBD

Introduction – Game Day Improv – Interview

### WHAT WILL I DO AT THE TRYOUT?

- Complete an interview with coaching staff, alumni and administration.
- Perform a 1-2 minute improvisational skit to your choice of music heard at game days and interact with some of the current cheerleaders. This will help decide who has the best potential to be an energetic, creative and fun mascot

**\*Auditions are closed to the public. Only applicants, current Spirit Squad members, coaching staff and staff will be allowed inside.**

# Tryout Information Sheet

STUDENT ID: \_\_\_\_\_ DOB: \_\_\_\_\_

FIRST NAME, LAST NAME: \_\_\_\_\_

TRYING OUT FOR? (CIRCLE ONE): CHEER TEAM DANCE TEAM SAMMY SPARTAN

## CONTACT INFORMATION

CELL PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CITY/STATE \_\_\_\_\_

## ADDITIONAL INFORMATION

YEAR OF HIGH SCHOOL GRADUATION: \_\_\_\_\_

ATTENDING? (CIRCLE ONE): HIGH SCHOOL JUNIOR COLLEGE COLLEGE

SCHOOL NAME: \_\_\_\_\_

CUMULATIVE GPA (BASED ON 4.0 SCALE): \_\_\_\_\_

SAT / ACT SCORE(S): \_\_\_\_\_

ACCEPTED IN TO SAN JOSE STATE UNIVERSITY? YES / NO DATE APPLIED: \_\_\_\_\_

DID YOU APPLY FOR FINANCIAL AID? YES / NO DATE APPLIED: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAVE YOU EVER HAD A MAJOR INJURY, SURGERY, CHRONIC ALIMENT? IF SO WHAT TYPE?:

A large, solid gray rectangular area intended for the respondent to provide details about any major injuries, surgeries, or chronic ailments.

HOW DID YOU HEAR ABOUT TRYOUTS? (PLEASE SPECIFY):

A large, solid gray rectangular area intended for the respondent to specify how they heard about tryouts.

OTHER EXPERIENCES, AWARDS, AND ACCOMPLISHMENTS RELATED TO CHEER OR DANCE:

A large, solid gray rectangular area intended for the respondent to describe other experiences, awards, and accomplishments related to cheer or dance.

ANY ADDITIONAL COMMENTS?:

A large, solid gray rectangular area intended for the respondent to provide any additional comments.



# SAN JOSE STATE ATHLETICS

Dear Student-Athlete:

On behalf of the athletic training staff, we would like to welcome you to San Jose State University. The following physical form and waiver must be completed prior to participation at San Jose State University. The Pre-participation Physical Evaluation must be completed by a physician (MD or DO only). The physical must be completed within six months of the day of the tryout. The Student-Athlete Waiver of Liability Form must be signed by a parent or guardian if you are under 18 years of age.

The NCAA has made it mandatory that all Division I student-athletes must be tested for sickle cell trait. The easiest way to fulfill this obligation is to provide proof of a prior test. These tests are routinely done at birth. Parents, family physicians and/or the hospital would have this documentation. A copy of the results of this test is sufficient to meet this requirement. Sickle cell tests can be ordered by a physician when receiving your pre participation physical evaluation. The California State University Chancellor's Office does not allow a waiver to be used in lieu of sickle cell results.

California offers the results for kids who were born after 26 February 1990. Student athletes born in California see the link below which provides step-by-step instructions to make a request.

<https://www.cdph.ca.gov/Programs/CFH/DGDS/Pages/nbs/athlestraitresults.aspx>

Student-athletes born outside of California should follow the directions below to get their sickle cell results:

Obtain their sickle cell screen results from their pediatrician or hospital where they were born (difficult) OR get a sickle cell screen (blood test checking for Hemoglobin S) by having their doctor order the lab test and getting the results. **TESTING FOR ANEMIA OR GETTING JUST A CBC IS NOT A SICKLE CELL SCREEN**

Please do not hesitate to call if you have any questions or concerns regarding your pre participation physical exam and paperwork. We look forward to meeting you.

Sincerely,

Stephen Bartlinski, ATC, PTA  
Director of Sports Medicine  
[stephen.bartlinski@sjsu.edu](mailto:stephen.bartlinski@sjsu.edu)

**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND  
AGREEMENT TO PAY CLAIMS**

Activity:     **SJSU Spirit Team Tryouts**    

Activity Date(s) and Time(s)     **APRIL 26, 2024 - APRIL 28, 2024**    

Activity Location(s):     **EVENT CENTER AT SJSU**    

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of The California State University, California State University, [campus name] and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

**I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

**If Participant is under 18 years of age:**

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian: \_\_\_\_\_

Name of Minor Participant's Parent/Guardian (print): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Minor Participant's Name: \_\_\_\_\_



# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_