



UCF Athletics Association Inc., Sports Medicine  
Tryout Release & Waiver of Liability



Prospective Student-Athlete Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone # \_\_\_\_\_

1.  YES  NO Have you ever suffered a head injury, concussion, and/or been knocked unconscious?
2.  YES  NO Have you ever suffered a cervical spine and/or neck injury?
3.  YES  NO Have you ever suffered a shoulder injury?
4.  YES  NO Have you ever suffered an elbow and/or forearm injury?
5.  YES  NO Have you ever suffered a wrist, hand, and/or finger injury?
6.  YES  NO Have you ever suffered a spine, low back, and or sacroiliac injury?
7.  YES  NO Have you ever suffered a rib, thorax, and/or chest injury?
8.  YES  NO Have you ever suffered a hip, groin, and/or thigh injury?
9.  YES  NO Have you ever suffered a knee injury?
10.  YES  NO Have you ever suffered an ankle, lower leg, and/or foot injury?
11.  YES  NO Have you ever suffered a heat-related injury and/or received IV fluids for a heat-related problem?
12.  YES  NO Have you ever been diagnosed with any allergies and/or had an unfavorable reaction to any medications, food items, and/or stings/bites?
13.  YES  NO Have you ever been diagnosed with any asthma and/or exercise-induced asthma?
14.  YES  NO Have you ever been diagnosed with diabetes?
15.  YES  NO Have you ever had chest pain and/or unexplained shortness of breath during or after physical activity?
16.  YES  NO Have you ever felt dizzy, lightheaded, and/or passed out during or after physical activity?
17.  YES  NO Have you ever had the feeling of your heart racing or skipping beats during or after physical activity?
18.  YES  NO Do you get tired more quickly than your teammates/friends do during physical activity?
19.  YES  NO Have you ever been told that you have a heart murmur?
20.  YES  NO Has any family member or relative died of heart problems and/or sudden death before age 50?
21.  YES  NO Has a physician ever denied or restricted your participation in sports due to any heart problems?
22.  YES  NO Have you ever had an electrocardiogram (EKG) and/or echocardiogram (ECHO) of your heart?
23.  YES  NO Do you cough, wheeze, or have trouble breathing during or after physical activity?
24.  YES  NO Do you have **ONLY** one of two paired, functioning organs (eyes, kidneys, ovaries, testicles, etc.)?
25.  YES  NO Have you ever had seizures or convulsions?
26.  YES  NO Do you or anyone in your family have sickle cell trait or sickle cell disease?
27.  YES  NO Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months?
28.  YES  NO Have you ever been told by a physician to restrict your sports activity or not to participate in sport?
29.  YES  NO Are you currently taking any medications, vitamins, and/or supplements?
30.  YES  NO Are you aware of any reason why you shouldn't participate in intercollegiate athletics at UCF at this time?

If you answered **YES** to any of the above questions and/or have further information, which is knowledgeable to you and not required on this form, please explain in detail (use additional sheet(s) if necessary):

\_\_\_\_\_

\_\_\_\_\_

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I, the undersigned, hereby acknowledge, affirm, and represent that all the above statements are true and accurate and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I fully release **THE UNIVERSITY GROUP** from any claims or liability, and will not hold them liable for any injuries and/or illnesses not noted, including any negligent acts or omissions on behalf of **THE UNIVERSITY GROUP**.

\_\_\_\_\_ Prospective Student-Athlete Signature

\_\_\_\_\_ Date