

Checklist & Tryout Forms Packet

What to Bring the First Day of Tryouts

1. Bring a "copy" of either your UCF Student I.D. or "copy" of your acceptance letter.
* Please do not bring the originals as a copy machine will **not** be available.
2. Bring a "copy" of the front and back of your medical insurance card. You **must** have medical insurance coverage in order to participate in the tryouts.
3. *Bring LAB RESULTS for a sickle cell test. (you must have this with you at check in) If you have any questions about this portion or if you would like to have our trainer confirm that you have the correct documentation, please scan the lab results and email it to our trainer Patrick O'Donnell (Podonnell@athletics.ucf.edu). Patrick will follow up with you directly and let you know if your paperwork is in order.*
4. Bring **this** completed tryout packet including registration form, health history questionnaire AND waiver. This Tryout Registration Packet is 7 pages long including this page and the letter from Sports Medicine.
5. Bring a General Sports Physical form signed by your Physician, Physician Assistant or a Nurse Practitioner indicating that you have had a physical in **2024** and are cleared to participate.

UCF Spirit Program Tryout Forms Packet

Please check one of the following:

Cheerleading _____ Mascot _____ Dance Team _____

Name _____
Last First MI.

UCF PID # _____
7 numbers

UCF NID # _____
first 2 digits of first name and 6 numbers

Date of Birth _____
Month / Date / Year

Hometown _____
City State

Height _____ Weight _____ Nike T Shirt Size _____ Nike Shoe Size _____

HS Graduation Year _____ Name of HS _____

Your Email _____ Your Cell Number _____

Instagram _____ Twitter _____

Mailing Address _____
Street City State Zip

Mother's Name _____ Mother's Cell _____

Father's Name _____ Father's Cell _____

Do you have any physical limitations or injuries that we should be aware of? Yes / No

If Yes please Explain _____

Are you allergic to any medication? _____

Office Use ONLY
Insurance _____
UCF ID/Acceptance _____
Sickle Cell Results _____
Copy of Physical _____



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):

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 _____



UCF Athletics Association Inc., Sports Medicine
Release of Liability and Assumption of Risk



Participation Semester & Year _____

I understand that participation in sports requires a personal acceptance of risk of injury. I understand that participation with Intercollegiate Athletics Teams at the University of Central Florida and with the UCF Athletics Association may result in injury/illness, permanent physical or mental impairment or even death. These injuries may be minor or may be career or life threatening. I understand and agree that I shall not hold the University of Central Florida or the UCF Athletics Association responsible for any injuries or conditions that may be caused by the acts or omissions of other athletes or teams. I also understand that injuries may be caused by my own failure to follow safety procedures or techniques, when such procedures or techniques may be made known to me by the coaching staff, athletic training staff, or by the strength and condition personnel, or are otherwise known to me from another source, including but not limited to medical personnel of the university, or are otherwise unknown to me.

I acknowledge that my participation with intercollegiate athletics teams at the University of Central Florida and with the UCF Athletics Association is purely voluntary and is in no way mandated by the University or the Athletics Association. I further acknowledge that the University as well as the UCF Athletics Association does not carry any medical insurance that would cover any medical bills for injuries or illnesses I may suffer resulting from my participation. Consequently, I agree that I will be fully responsible to pay any such bills.

I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participating with intercollegiate athletics teams. I acknowledge the fact that these risks exist and I am willing to assume responsibility for any and all such risks while participating with intercollegiate athletics teams at the University of Central Florida with the UCF Athletics Association. I also agree to the following:

- A. *I read and understand that this waiver will be valid only for the date(s) stated above.*
- B. *I voluntarily assume all risks associated with my participation with intercollegiate athletics at the University of Central Florida and with the UCF Athletics Association.*
- C. *I understand and agree that I must refrain from participation if I am injured or ill, whether or not receiving medical care. When under medical care I understand that further participation is totally my responsibility even if it involves further harm/injury/illness.*
- D. *I understand and agree that if I experience an injury/illness while participating with a UCF intercollegiate athletics team that a Certified Athletic Trainer in charge of that sport may evaluate me and give me medical advice that I may or may not agree with and/or may or may not follow.*
- E. *I understand and agree that I must wear the proper equipment as dictated by the applicable rules of the sport.*

Participant's Initials _____

UNDERSTANDING & RELEASE

I knowingly and voluntarily release and forever discharge the UCF Athletics Association, Inc., University of Central Florida, the University of Central Florida Board of Trustees, the State of Florida, the Florida Board of Governors and their respective officers, directors, agents, employees, servants, volunteers (COLLECTIVELY THE "RELEASEES"), from any and all claims, liabilities, demands, costs, or causes of actions for any injury, death, damage or loss caused, INCLUDING ANY CLAIMS OF NEGLIGENCE AGAINST ANY OF THE RELEASEES, DIRECTLY OR INDIRECTLY, or from all claims, liabilities, demands, costs or causes of action in any way arising from my participation with intercollegiate athletic teams at the University of Central Florida, INCLUDING ANY CLAIMS OF NEGLIGENCE AGAINST ANY OF THE RELEASEES. I intend this release to be one that is full, complete, and encompassing any and all causes of actions, claims, or defenses that I may have at law or equity relating to my participation with the University of Central Florida intercollegiate teams.

Participant Print Name _____

Participant Signature _____

Participant Sport _____

Date _____

Head Coach Signature _____

Date _____

Strength and Conditioning Coach Signature _____

Date _____

Witness/Reviewers Signature	Witness/Reviewer Print Name	Date
-----------------------------	-----------------------------	------



UCF Athletics Association Inc., Sports Medicine
Parental Permission to Evaluate and Treat



Student-athletes under the age of 18 cannot be evaluated or treated by the UCF Athletics Association, Inc. (UCFAA, Inc) Sports Medicine Staff, unless permission is granted by the student-athlete's parent/legal guardian, Please **initial the** statements below and sign at the bottom. of the page, to give the UCFAA, Inc. Sports Medicine permission to evaluate and treat the underage student-athlete. .

- I give permission for the UCFAA, Inc. Sports Medicine to conduct a pre-participation physical exam.
- I give permission for the UCFAA, Inc. Sports Medicine Staff to perform injury evaluations.
- I give permission for the UCFAA, Inc. Sports Medicine Staff to provide injury related treatment and rehabilitation.
- I give permission for the UCFAA, Inc. Sports Medicine Staff to provide over-the-counter medication, when requested by the student-athlete.
- I understand that the certified athletic trainers who perform these evaluations and treatments are under the supervision of the medical director, follow the code of ethics of the National Athletic Trainers' Association and follow the Laws of the State of FL, as licensed athletic trainers.
- If I have any questions or concerns, I can call the Director of Sports Medicine, at any time, at (407) 823-0963.

 Student-Athlete Name Date

 Parent/ legal Guardian Print Name Date

 Parent/Legal Guardian Signature

 Parent/Legal Guardian Phone Number

INTERCOLLEGIATE ATHLETICS
SPORTS MEDICINE DEPARTMENT



Dear Prospective Student-Athlete,

Below you will find all of the information you will need to meet the medical requirements to try out for a UCFAA, Inc. Athletic Team:

The requirements to be medically cleared to participate in the tryout are a:

- **Sports Physical** (Clearing you for participation in Athletic Activities)
 - Physical MUST be in 2024/ within the last 6 months from when tryouts begin
 - Can be completed by a Physician, Physician's Assistant (P.A.), or Nurse Practitioner.
 - Can be completed with your home doctor at an Urgent Care Location (i.e. Centra Care) or on campus at the Student Health Center if you are a current student.
 - UCF Student Health Services Appointment Line: 407-823-3850
 - Walk-In Appointments NOT Available
 - Centra Care Reservations: www.centracare.org/florida/
 - Walk-In Appointments Accepted
 - Multiple Orlando Locations
- **Sickle Cell Testing RESULTS**
 - Must have written Sickle Cell Screen Results from a Laboratory (i.e. Quest Diagnostics, Lab Corp etc.).
 - Physician notes stating your Sickle Cell status are NOT acceptable. (Hemoglobin Solubility testing *alone* is also *insufficient* for detecting or confirming the presence of sickling hemoglobin's in some situations).
- **Release of Liability/Assumption of Risk Forms** (Parental Signature if under 18)
- **Proof of Active insurance**

Please let me know if you have any questions or if you would like me to review your sickle cell paperwork in advance to confirm that everything is in order.

Sincerely,



PATRICK O'DONNELL III, MS, LAT, ATC, CES
SENIOR ATHLETIC TRAINER | TENNIS & SPIRIT
SPORTS MEDICINE | UCF ATHLETICS ASSOCIATION, INC
E: PODONNELL@ATHLETICS.UCF.EDU
O: 407.823.5302
C: 219.588.0833
F: 407.823.6744