

# 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 athletic trainer confirm that you have the correct documentation, please scan the lab results and email it to our athletic trainer Dane Bachman ([dbachman@athletics.ucf.edu](mailto:dbachman@athletics.ucf.edu)). Dane 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 **2025** 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

### 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 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/](http://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.). And/or result from birth.
  - 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,

*Dane Bachman*

Dane Bachman  
Athletic Trainer  
[dbachman@athletics.ucf.edu](mailto:dbachman@athletics.ucf.edu)  
513-612-8604



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



I, \_\_\_\_\_, certify that I am currently enrolled as a full-time student  
(minimum of 12 credit hours) at the University of Central Florida. I acknowledge that I am completely aware of the inherent risks  
associated with \_\_\_\_\_, and hereby waive, release, and discharge the State of Florida, the Florida  
Board of Governors, the University of Central Florida, the UCF Athletics Association (**UCFAA**), the University of Central Florida Sports  
Medicine Department, its physicians, the athletic team, and all of their respective members, officers, employees, and agents  
(hereinafter referred to as **THE UNIVERSITY GROUP**), from any and all liability and responsibility including any negligent acts or  
omissions on behalf of **THE UNIVERSITY GROUP**. I further state that I take full responsibility for any injury, including death that may  
occur as a result of my participation, and that I will not hold **THE UNIVERSITY GROUP** responsible for any injury aggravation of pre-  
existing injuries, or death during this tryout.

I warrant that I am physically able to perform this tryout, and that I have no known physical conditions, which could be  
materially worsened or aggravated by my participation, unless stated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I understand that the UCFAA may deny my participation in a tryout due to a medical condition found in my health history. I  
Initials understand that any pre-existing medical condition may have to be corrected prior to the tryout and/or acceptance to the team.  
In addition, all costs associated with any tests, consultations, and/or medical procedures needed to gain approval/certification  
for participation are my responsibility and/or my parent(s)/guardian(s).

\_\_\_\_\_ I understand that I am required to undergo a medical examination or evaluation administered by a physician or show proof of a  
Initials medical examination or evaluation administered by a physician within six months prior to participation. If the medical  
examination was NOT administered by a UCF Team Physician, I will be required to undergo an additional medical  
examination by a UCF Team Physician if I am selected to the team by the respective head coach.

\_\_\_\_\_ I understand that the following test is **MANDATORY** by the **NCAA** prior to my participation, unless I can provide results  
Initials showing that I have been previously tested, and that cost for this test is my responsibility:

- **Sickle Cell Solubility Test**

\_\_\_\_\_ I understand that I must provide **PROOF OF CURRENT PRIMARY HEALTH INSURANCE**, which covers athletic-related  
Initials injuries, prior to my participation.

In consideration for the UCFAA granting me permission to engage in said tryout, and thereby foregoing its right to prevent me  
from participating in said tryout, I hereby release **THE UNIVERSITY GROUP** from any and all liability, claims, costs, or expenses  
resulting from any and all injuries that I may suffer during my participation in a tryout, including any negligent acts or omission on behalf  
of **THE UNIVERSITY GROUP**.

I further acknowledge that I am voluntarily signing this waiver and possess complete understanding of the terms and  
conditions herein.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Student-Athlete Social Security Number

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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 \_\_\_\_\_