

## SPORTS MEDICINE TRYOUT GUIDELINES

### Virginia Tech Baseball

1. Complete and sign SPORTS MEDICINE TRYOUT GUIDELINES form.
2. Complete the NEW ATHLETE PARTICIPATION PHYSICAL EVALUATION (blue).
3. Complete the SPORTS MEDICINE – ATHLETE INFORMATION SHEET (orange).
4. Provide proof of a **NEGATIVE** COVID-19 Test
5. **Sickle Cell Trait:** Per NCAA guidelines, it is mandatory for every student athlete and tryout to be tested for sickle cell trait prior to participation. Most people are tested for this at birth. You will need to do one of the following options:
  - a. Obtain this test result from your pediatrician/primary care doctor.
  - b. If there are no records of this, you can be tested by your primary care doctor.
  - c. Get tested once you arrive on campus
6. Every tryout needs to email Kyle Staggars, ATC to set up a time to meet in the athletic training room (Jamerson Athletic Center) to complete a brief physical/cardiac screen.  
**Bring completed paperwork, sickle cell trait results (if acquired) and your health insurance card.** Proof of health insurance is mandatory for all try outs.
  - a. [kyleas8@vt.edu](mailto:kyleas8@vt.edu)
  - b. **This meeting with Kyle must take place prior to 12:00 PM September 2nd, 2020**
7. If you are needing to get tested for sickle cell trait, Kyle will give you a form to complete blood work at Schiffert Health Center. This test is \$20 to complete, which is your responsibility.
  - a. Once blood work is completed, bring results to the athletic training room.
8. If you have any questions related to medical clearance prior to tryouts, email Kyle Staggars, ATC at [kyleas8@vt.edu](mailto:kyleas8@vt.edu)

I \_\_\_\_\_, desire to tryout for the Virginia Tech Baseball team. I accept responsibility for any injury that may occur due to this tryout. I have provided the Sports Medicine department a copy of my up to date health insurance card that will cover any expenses which may result should an injury occur. I understand that this tryout is good for only three days and that if I am selected for the team, I must pass a physical exam prior to being placed on the roster.

Signature \_\_\_\_\_ Date \_\_\_\_\_