

SPORT: _____

Tryout Checklist

Welcome to Southeastern University Athletics. It is mandatory that all individuals who practice with or tryout for a sports team at Southeastern have all required paperwork completed. Please make sure to have all of your paperwork completed when you arrive for your first practice/session. **It is mandatory that everything is completed in its entirety.** If you are under the age of 18, a parent or legal guardian must sign all forms. You must bring all forms completed when you arrive for your tryout.

TRYOUT OF 3 DAYS OR LESS

A "Tryout" includes individuals who will be practicing/participating in practices or workouts for **less than 3 days**. The attached "Tryout Waiver" paperwork is only good for 3 days of participation.

Below is a check list of the forms which are attached and will need to be completed prior to a "Tryout" of 3 days or less with Southeastern University Athletics.

- _____ Complete the Tryout Waiver
- _____ A Medical Release from a Physician if currently under his care or have any restrictions with activities
- _____ Sign the Acknowledgement and Consent Waiver (Parent/Guardian must sign if under 18 years of age)

PARTICIPATION OF MORE THAN 3 DAYS

If an individual is going to be participating with Southeastern Athletics for **more than 3 days**, than they will be required to complete the "New Athlete Physical" paperwork and will be required to receive a physical prior to participating in any sort of athletic activity. A physical must be on file with the Athletic Training Staff prior to practicing (Dated within the last 12 months).

Below is a check list of the forms which will need to be completed prior to participation of more than 3 days with Southeastern University Athletics. These forms can be found with the "New Athlete Physical" Packet.

- _____ Health Insurance Form: Must be completely filled out
- _____ A Copy of the front and back of your Insurance Card
- _____ Complete and Sign Health Appraisal Form
- _____ Sign Consent for Participation Form
- _____ Complete Medical History Form (include right/left to any questions answered yes)
- _____ Complete and Sign Personal Representative Appointment
- _____ Complete and Sign Authorization for Release of Health Information
- _____ Complete and Sign FERPA Release of Health Information
- _____ **Physician must sign physical form to clear you for participation** (last page of packet)

SPORT: _____

SOUTHEASTERN UNIVERSITY TRYOUT WAIVER

Name	Date of Birth	Social Security Number	Sex
Address		Cell Phone	

PARENT(S) INFORMATION:

Parent(s) Name	Home Phone	Work Phone
Parent(s) Address		

EMERGENCY CONTACT INFORMATION (other than parent)

Name	Relation to Athlete
Address	
Cell Phone	Work Phone

INSURANCE INFORMATION

Insurance Company	Primary Member
Insurance Company Address	Insurance Company Phone
Policy Number	Group Number

ATHLETE'S HISTORY		Yes	No
1	Have you had a physical examination within the last four years		
2	If yes, did the examination disclose any health problems, or result in any recommendation that you should limit your activities?		
3	Since your last physical exam, have you suffered any injury, medical illness or had any surgery?		
4	Are you currently under the care of a physician or taking any medication?		
5	Do you feel that there are any limitations placed on your full participation?		
6	Do you have any allergies? Please List:		
7	Have you ever been advised not to participate in any form of organized athletics?		
8	Have you experienced any significant kind of injury or medical condition that the athletic trainer and or team physician should be notified about prior to your tryout? (Including: Asthma, cardiac problems, neurological problems, internal injury, dental and corrective wear, heat issues)		

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN.

To the best of my knowledge, the preceding information is correct and up to date. I have not willingly or knowingly withheld medical information that would affect my eligibility to participate in athletics at Southeastern University.

Athlete's Signature or Parent/Guardian if Under 18 years _____

Date _____

SPORT: _____

ACKNOWLEDGEMENT AND WAIVER

I am aware that playing or practicing to play/participate in any sport can be dangerous activity involving MANY RISKS OF INJURY. I understand the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to: death, serious neck or spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

I also acknowledge that it is essential for my well-being that I not participate or practice to play/participate in the above sport unless I am in good health and physical condition. With this in mind, I have correctly answered the questions on the attached Health Appraisal Form, and I have advised the head athletic trainer of any limitations on my activities for medical reasons.

Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions. I also recognize the importance of following orders given by team physicians and athletic trainers regarding any limitations or treatments they feel necessary for my health and well being.

In consideration of Southeastern University permitting me to tryout for participation on the Southeastern University team, as listed above and to engage in all activities related to the team, including, but not limited to, trying out, practicing, or playing/participating in that sport, I hereby assume all the risks associated with participation and agree to hold Southeastern University, its employees, agents, representatives, coaches, physicians, athletic trainers, and volunteers, harmless from any and all liability, actions, causes of action, debts, claims or demand of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Southeastern University athletics.

I specifically acknowledge that **Soccer, Baseball, Basketball, and Cheerleading** are more violent contact sports involving even greater risk of injury than other sports.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS.

Print Name _____ Date of Birth _____

Signature _____ Date _____
(Athlete if 18 years or older)

OR

Print Name _____

Signature _____ Date _____
(Parent/Guardian if under 18 years of age)