

LOUISBURG COLLEGE

Medical Waiver/Tryout Form

This must be submitted along with a PHYSICAL FORM that has been completed in the last 13 months.

SECTION 1: Student Information

Name: _____ SS#: _____
Sport: _____ Age: _____ Date of Birth: _____
Height: _____ Weight: _____ Contacts or Glasses: _____

SECTION 2: Emergency Contact Information

Name: _____ Relationship: _____
Address: _____
Home phone: _____ Work Phone: _____ Cell Phone: _____

SECTION 3: Medical History

1. Have you had or do you currently have any medical problems that would restrict your participation in athletics? If yes, please explain. _____
2. Do you have any medical or health problems that you are currently receiving medical treatment for? If yes, please explain. _____
3. Is there any reason that you are not able to participate in athletics? If yes, please explain. _____

SECTION 4: Liability Waiver

I, _____, verify that during the "tryout" period I will not hold Louisburg College, the Athletic Department, or the Athletic Trainer's responsible for any injury I may sustain. I understand athletics are dangerous and that it is possible that I may sustain an injury. I understand this injury could be an injury that may result in permanent disability, paralysis, or possibly death. I understand that paralysis may include loss of movement, feeling, and use of my arms, legs, and/or trunk. I understand that paralysis and its effects could last my entire life. I further understand that upon completion of the "tryout" period if I am accepted to the team that I must provide a current (within 1 year) physical and all other required paperwork to the Athletic Trainer's before I can continue to practice with the team. I understand that during the "tryout" period Louisburg College does not carry any insurance to cover any injury/illness I may sustain and that any financial responsibility for treatment due to injury/illness sustained will be the sole responsibility of the student/parent.

Athlete Signature

Date

Parent/Guardian Signature (If under 18)

Date

SECTION 5: Athletic Trainer/Coach Awareness

Upon completion by the athlete, if there is any past medical history the athlete must be cleared by the athletic trainer. Upon talking with the athlete and parents the athletic trainer may or may not sign-off on the athlete's ability to participate in the "tryout" period.

Athletic Trainer Signature

Date