

JOHNSON C. SMITH UNIVERSITY ATHLETIC DEPARTMENT

PROSPECTIVE STUDENT-ATHLETE TRYOUT FORMS

DIRECTIONS:

1. Complete the *ACCEPTANCE OF RISK FOR TRYOUTS & EVALUATIONS*.
2. Complete the *PROSPECTIVE STUDENT-ATHLETE HEALTH HISTORY QUESTIONNAIRE*.
3. Return both forms fully completed to the Head Coach or Recruiting Coordinator.

ACCEPTANCE OF RISK FOR TRYOUTS & EVALUATIONS

I, _____ (Print Name) certify that I am currently in a status of good health and fully able to participate in vigorous athletic activity without consequence. I have completed and passed a physician validated examination for athletic participation within the past calendar year. I recognize and accept the risk of injury, permanent disability and death inherent with his/her sport. I understand that even with the best of coaching, use of protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasion, these injuries can be so severe as to result in total disability, paralysis or even death. I agree to promptly notify the coaching staff or athletic training staff of any changes to my health status, including injuries or illness occurring as a result of my athletic participation. I understand that the athletic training staff may review my Prospective Student-Athlete Health History Questionnaire and if necessary further evaluate a condition of question and/or restrict athletic participation. I acknowledge and affirm that all the statements and information are true and accurate to the best of my knowledge; and that no answers or information have been withheld on the Prospective Student-Athlete Health History Questionnaire. I grant permission to the Johnson C. Smith University athletic staff to provide and/or secure treatment for myself for any athletic injury or illness that may occur during my athletic participation. I further understand and agree that any medical bill incurred as a result from injury/illness sustained during my athletic participation shall be my responsibility as no medical insurance can be provided for me by Johnson C. Smith University during my tryout/athletic evaluation activity.

We/I the undersigned have read and fully understand the preceding policy statement and agree to its procedures. We/I also release Johnson C. Smith University, its agents and employees, and members the athletic staff, from any liability caused by, or arising out of my athletic participation. I also understand that this information shall remain confidential among the coaching/medical staff at Johnson C. Smith University. (This release remains valid for one year)

Athlete's Signature: _____ Date: ____/____/____

(Parent/Guardian Signature Required If Under Age 18)

Parent's Signature: _____ Date: ____/____/____

JOHNSON C. SMITH UNIVERSITY ATHLETIC DEPARTMENT
Prospective Student-Athlete Health History Questionnaire

Name _____ Date of Birth ____/____/____

Sport _____ Soc. Sec. # _____

- YES NO Have you ever suffered a head injury/concussion or been knocked unconscious?
- YES NO Have you ever suffered a cervical spine or neck injury?
- YES NO Have ever suffered a "burner", "stinger", or brachial plexus injury?
- YES NO Have you ever suffered an injury to your shoulder joint, AC joint or collarbone?
- YES NO Have you ever suffered a severe strain or tear to your rotator cuff?
- YES NO Have you ever suffered an elbow/forearm, wrist, hand and/or finger injury?
- YES NO Have you ever suffered a spine, low back, disk and/or sacroiliac injury?
- YES NO Have you ever suffered a rib, thorax, and/or chest injury?
- YES NO Have you ever suffered a hip, groin, and/or thigh injury?
- YES NO Have you ever suffered a knee injury (ligaments, cartilage, knee cap/patella)?
- YES NO Have you ever suffered an ankle, lower leg, and/or foot injury?
- YES NO Have you ever suffered a severe muscle strain or severe muscle pull or tear?
- YES NO Have you ever suffered a repeated/chronic over-use or tendonitis-like injury?
- YES NO Have you ever suffered a broken bone/fracture or stress fracture injury?
- YES NO Do you have any pain, burning, numbness or tingling to a body part?
- YES NO Have you ever been advised by a physician to have surgery?
- YES NO Have you ever had a heat-related illness due to athletic activity?
- YES NO Have you ever had to be given IV fluids for a heat related illness?
- YES NO Have you been diagnosed with any allergies, diabetes or sickle cell?
- YES NO Have you ever been diagnosed with asthma or exercise induced asthma?
- YES NO Have you ever had chest pain and/or shortness of breath with exercise?
- YES NO Have you ever felt dizzy, lightheaded or fainted with exercise or activity?
- YES NO Have you ever been diagnosed with a heart murmur or a "skipping" heartbeat?
- YES NO Has a family member (father/mother/brother/sister) died suddenly under age 40 due to a heart condition?
- YES NO Have you been diagnosed with high blood pressure or a heart/lung condition?
- YES NO Do you have only one of two paired functioning organs (eyes, kidney, testicle, ovary)?
If YES, which ones _____
- YES NO Have you ever had seizures or convulsions?
- YES NO Do you suffer from any mental or emotional disorders?
- YES NO Have you ever been told by a physician to restrict or NOT to play sports?
- YES NO Do you wear any special braces, pads, taping, or protective devices to play?

If YES to any of the above, please explain: _____

(Use back of the sheet if more space needed)