

# Bellarmine University

## Prospective Student Athlete Tryout Form & Questionnaire

**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 Athletic Trainer.

### Acceptance of Risk for Tryouts & Evaluations

I, \_\_\_\_\_ (Print Full 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. Recognize and accept the risk of injury, permanent disability and death inherent with his/her sport. Understand that even with the best 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, 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 Bellarmine 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 Bellarmine 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 Bellarmine University, its agents and employees, and members of 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 Bellarmine University. (This release remains valid for one year from date below)

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent/Guardian Signature Required If Under Age 18)

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_