

ALLIANCE UNIVERSITY ATHLETICS TRY-OUT WAIVER FORM

-This form is in compliance with the NCAA & the state laws governing HIPAA & FERPA (http://www.oms.nysed.gov/medicaid/guidebook_6/HIPAA_FERPA_Guidebook_6.htm)

NAME-	DATE OF BIRTH-	LAST 4 DIGITS OF SSN -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SEX-
EMAIL ADDRESS-						SPORT-	
HOME ADDRESS- <small>STREET CITY STATE ZIP</small>						HOME PHONE-	
MOTHER'S INFORMATION				FATHER'S INFORMATION			
NAME-				NAME-			
ADDRESS- <small>STREET CITY STATE ZIP</small>				ADDRESS- <small>STREET CITY STATE ZIP</small>			
HOME PHONE-		CELL PHONE-		HOME PHONE-		CELL PHONE-	

INSURANCE INFORMATION- please bring your insurance card (or a copy of the card) with you!		
NAME OF INSURANCE-	POLICY NUMBER-	TELEPHONE NUMBER-

EMERGENCY CONTACT- MUST BE A FAMILY MEMBER OTHER THAN PARENT/GUARDIAN- over 25 yrs of age		
NAME-	RELATION TO ATHLETE-	PHONE-

Alliance University's Athletic Program personnel have devoted great effort to assure the participating students are protected in every way possible. However, participation in athletics includes a risk of injury from minor to long-term catastrophic, including paralysis and death. All participants have the responsibility to help reduce the chance of injury by obeying all safety rules and regulations along with proper execution of skill techniques.

ATHLETE INITIAL	PARENT INITIAL	PLEASE <u>INITIAL</u> EACH OF THE FOLLOWING STATEMENTS TO SHOW THAT THE STATEMENT HAS BEEN READ, UNDERSTOOD AND APPROVED!
		I am fully aware that as a recruit I am eligible for a one-time athletic try-out. I further fully understand that I will not be covered by Alliance University Athletic insurance for this try-out. I assume all risk of any and all incidents that may occur during the duration of the try-out and accept any and all responsibility if I chose to try-out.
		I understand that injuries are an inherent part of athletics and that participation in sports requires an acceptance of risk of injury, thus there is a risk that I, my son/daughter may be injured while trying-out for an intercollegiate sport. I understand that these personal injuries include, but not limited to, death, serious neck and spinal injuries, and further that such injuries may result in complete or partial paralysis, brain damage, and serious injury or impairment to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other parts of the body, general health and well-being. I understand that the dangers and risks of trying-out in any sports or athletic activity may result not only in serious injury, but in a serious impairment of my/son/daughter's future capacity to earn a living, to engage in other business, social and recreational activities and generally, to enjoy life.
		I hereby grant permission to Alliance University team physicians and/or consulting physicians to render me, my son/daughter, any treatment, medical or surgical care that they deem necessary for health and well-being. I also hereby authorize the athletic trainer's at Alliance University, who are under the direction and guidance of the Alliance University team physician, to render my son/daughter any preventative, first aid, rehabilitation or emergency treatment that they deem reasonably necessary to my/son/daughter health and well-being for any injury/illness that may occur during the duration of the try-out.
		In the event of an emergency requiring medical attention, I expect every reasonable attempt be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization does not cover major surgery unless deemed necessary by two licensed physicians or dentists.
		I agree not to hold Alliance University or anyone acting on its behalf, responsible for any injury occurring to me, my son/daughter in the proper course of such athletic activities. I further agree for myself/son/daughter and on behalf of my/his/her heirs, personal representative(s) and assigns to defend, hold harmless, indemnify, release, and forever discharge Alliance University and anyone acting on its behalf from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, personal injury or death which may result from my participation, or from causes beyond the control of, and without the fault or negligence of Alliance University, and anyone acting on its behalf, during the period of my participation as aforesaid.
		I acknowledge and accept that there are risks of physical injury involved in athletic participation that may result in permanent paralysis, mental disability, and death.

DATE _____ SIGNATURE _____
ATHLETE'S SIGNATURE

DATE _____ SIGNATURE _____
PARENT'S SIGNATURE

WILL YOU NEED ASSISTANCE&/OR DO YOU HAVE ANY MEDICAL ALERTS→ ALLERGIES, INJURIES, MED. CONDITIONS, ETC

REMEMBER TO TRY-OUT, THE NCAA REQUIRES A MEDICAL EXAMINATION-DATED WITHIN 6 MONTHS OF THE TRY-OUT DATE AND SICKLE CELL TESTING DOCUMENTATION, TO BE ON FILE BEFORE THE TRY-OUT. PLEASE MAKE SURE WE HAVE IT OR YOU CANNOT TRY-OUT!