



# Missouri Western State University

## Medical History / Release for Tryouts



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

I, \_\_\_\_\_ am trying out for \_\_\_\_\_  
(Sport/Activity)

### Enrolled Student-Athletes

I understand that Missouri Western State University may conduct a tryout of a full-time student currently enrolled at only on its campus or at a site at which it normally conducts practice or competition during the regular academic year. If such a tryout occurs outside of the declared playing and practice season, the following conditions apply:

- No more than one tryout per student per sport shall be permitted during any academic year;
- The student must not have been recruited;
- The student must be in good academic standing;
- **MEDICAL EXAMS**
  - I have had a medical exam/evaluation administered or supervised by a physician within 6 months prior to my participating in this tryout.
  - A medical examination of a student conducted by an institution's regular team physician or other designated physician shall be permitted as a part of the tryout;
- The time of the tryout activities (other than the physical examination) shall be limited to the length of the institution's normal practice period in the sport but in no event shall it be longer than two hours;
- Competition against the member institution's team is permissible, provided such competition occurs during the academic year and is considered a countable athletically related activity per Bylaw 17.02.1.1
- The institution may provide equipment and clothing on an issuance-and-retrieval basis to a student during the period of the tryout; and
- No more than three dates may be used to conduct tryouts in each sport.

**Please answer the following questions:**

1) Have you been hospitalized, had surgery or a major illness in the last two years? Y / N

If Yes, please explain: \_\_\_\_\_

2) Are you currently ill in any way? Y / N

If Yes, please explain: \_\_\_\_\_

3) Do you currently have any incompletely healed injuries? Y / N

If Yes, please explain: \_\_\_\_\_

4) Are you taking any medication on a regular or continuous basis? Y / N

If Yes, please explain: \_\_\_\_\_

5) Do you know of or do you believe there is any health reason why you should not participate in the tryout? Y / N

If Yes, please explain: \_\_\_\_\_

6) Who shall we notify in case of an emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

All the questions have been answered completely and to the best of my knowledge. In consideration of the tryout, I hereby release Missouri Western State University and its employees and representatives from any liability for injuries sustained while participating in the tryout. This release shall apply to any acts or omission whether negligent or intentional on the part of the college and its representatives and to any acts or omissions of other participants.

Prospect's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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