

Oklahoma State University
Sports Medicine & Athletic Training
170 Athletics Center
Stillwater, OK 74078
Try out Participation Release/Waiver For PSA

Name: _____ Sport: _____ DOB: _____

Catastrophic Injury, Illness & Assumption of Risk

The possibility of sustaining a catastrophic injury that could lead to permanent disability or even death is inherent in any athletic activity. I am assuming the risk that the possibility exists that participation in any sports program can result in serious unforeseeable medical health problems. With this information, I understand the importance of rules and procedures as well as proper technique and that the possibility of a catastrophic injury or death does exist even when followed to the fullest and I assume all risk and all liability for any illnesses, injuries or medical conditions that may occur during my participation in any OSU Athletic activity. I agree to supply the Sports Medicine Department an athletic participation physical which will include Sickle Cell results and an EKG with physician interpretation. The physical will be dated within one year of the start of this team tryout.

Date: _____ Signature: _____

Parent/Guardian signature if under age 19: _____

Release of Liability

Until I am officially on the roster as an Oklahoma State University intercollegiate-level student-athlete and I have had a pre-participation physical and have been cleared by an OSU Team Physician, I understand that by signing below, I certify that if I suffer any injury, illness or health related condition athletic related or not, I release Oklahoma State University of any liability, responsibility, financially or otherwise. I agree to supply proof of medical insurance by providing a copy of the front and back of my insurance card.

Date: _____ Signature: _____

Parent/Guardian signature if under age 19: _____

Consent to Treat

I give authorization to the staff Athletic Trainer and /or Team Physicians to evaluate and treat any injuries, illnesses, or medical conditions that occur during my athletic participation/tryout at Oklahoma State University (this includes immediate first aid, medication, treatment, x-ray and physical exam.) I understand the Team Physician(s) have the authority to eliminate me from further participation due to an injury, illness or other medical condition and/or the undue liability risk of Oklahoma State University.

Date: _____ Signature: _____

Parent/Guardian signature if under age 19: _____

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Cardio Questionnaire

Name: _____ **Sport:** _____ **Date:** _____

Gender: Male / Female **Date of Birth:** _____ **Race:** _____

Weight: _____ **Height:** _____ **Phone:** _____

Have you ever experienced chest pain or discomfort with exercise? Yes / No

Have you ever passed out or nearly passed out? Yes / No

Have you ever had excessive shortness of breath or fatigue with exercise? Yes / No

Have you been told you have a heart murmur? Yes / No

Have you had high blood pressure? Yes / No

Does anyone in your family have hypertrophic or dilated cardiomyopathy, Long QT or Marfan syndrome, or other heart arrhythmia problems? Yes / No If Yes Who?

Has anyone in your family (age<50) died suddenly or unexpectedly from heart disease? Yes / No If Yes Who? _____

Has anyone in your family (age< 50) been disabled from heart disease?
Yes / No If Yes Who? _____

Have you had any prior restrictions to participating in sports? Yes / No

Have you had a physician order a heart test for you? Yes / No

Date: _____ **Signature:** _____

Parent/Guardian signature if under age19: _____