

BYUH ATHLETICS PRE-PARTICIPATION CLEARANCE

PERSONAL INFORMATION You are required as a condition of participation in any BYUH athletic team try-out to complete this Release to Participate in Athletic Try-outs and Assumption of Risk Agreement and return it to the Office. You will not be able to participate in any athletic activity until this form is read, understood, signed and returned.

A Try-out for any BYUH athletic team involves strenuous physical exercise that can subject you to serious injury and even death, either because of the dangers of the sport itself or from your lack of adequate conditioning. It is important that you fully recognize your potential for injury. Your athletic abilities and physical condition have not been assessed and are not known to BYUH or those evaluating you. We must rely upon your assessment of your athletic ability and your assessment of your physical condition in consultation with your personal physician to determine the appropriateness of your participation. You must furnish a completed PHYSICAL EXAMINATION CLEARANCE (by your doctor within the last two months), along with this form prior to your participation in any BYUH Intercollegiate sports try-out.

NAME			
Last	First	M.I.	
BIRTHDATE	MARITAL STATUS	SEX M F	SPORT
PARENT/GUARDIAN'S NAME:			HM#:
PARENT/GUARDIAN'S ADDRESS			
LOCAL ADDRESS		BYUH EMERGENCY CONTACT	
Street Name/Number Apt. number		Street Name/Number Apt. number	
City State Zipcode		City State Zipcode	
Home #	Hm / Cel / Pgr #		
Cell / Pgr #	NAME		

MEDICAL INSURANCE To participate you must have a health or accident insurance policy that provides coverage for all medical and athletic injuries. You must provide a copy of the insurance provider's card. (Student-DMBA plan may use current BYUH ID.) If any accident/injury occurs you will be responsible for all financial responsibilities. Only First Aid care will be provided during during "TRYOUTS". You are financially responsible to follow up with your doctor.

INSURANCE NAME		Date of Policy:
SPONSOR NAME		Sponsor's DOB:
RELATION	Sponsor's SSN:	
POLICY NO.	GROUP NO.	
RESTRICTIONS:		COVERAGE TYPE
CLAIM ADDRESS		
Street Address		
City State Zipcode		
CLAIMS PHONE NO:		

PERSONAL HEALTH - RELEASE FOR PARTICIPATION		Date of medical evaluation: _____
Direction: Please review all questions with your parent or guardian and answer them to the best of your knowledge by circling your response. If you answer "Y"es, please state why or how and when. (If additional space is required, please attach an additional sheet.)		
Y N	1. Have you been hospitalized or had any major illness?	_____
Y N	2. Are you currently ill in any way?	_____
Y N	3. Have you had a major injury, including concussion?	_____
(Turn Form Over)		

Y N	4. Do you currently have any incompletely healed injury?	_____
Y N	5. Are you taking any medications?	_____

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- Y N 6. Do you know of or do you believe there is any health reason why you should not participate in BYUH athletic program at this time? _____
- Y N 7. Has anyone in your family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before the age of 50 years? _____
- Y N 8. Have you ever passed out during exercise or stopped exercising because of dizziness? _____
- Y N 9. Do you have asthma, wheezing, hay fever, or coughing spells after exercise? _____
- Y N 10. Have you ever broken a bone, had to wear a cast, or had an injury to any joints? _____
- Y N 11. Have you ever suffered a heat-related illness (heat stroke)? _____
- Y N 12. Do you have a chronic illness or see a physician regularly for any problem? _____
- Y N 13. Are you allergic to any medications or bee stings? _____
- Y N 14. Do you have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.) _____
- Y N 15. Do you have anything you'd like to talk to the physician about? _____

Certify that the answers to the questions above are correct and true.

Participant's Signature (If under 18 yrs., parent / guardian must co-sign.)

ASSUMPTION OF RISK & RELEASE AGREEMENT

I know and recognize that participation in any athletic try-out at BYUH is done on a completely voluntary basis without compulsion or coercion, and is not a mandatory class requirement. I know that _____ is an
(Print Sport)
inherently dangerous and hazardous sporting activity. I know that I should not participate unless I am medically able and properly trained. I also know that, although despite proper training and proper physical conditioning, by participating in _____ I am subjecting myself to probable injury. I assume the risk of participating in such sport,
(Print Sport)
including travel to and from such events, and also assume any and all risk associated with _____
(Print Sport)
including, but not limited to, falls, collisions with other participants, the effects of weather, including high heat and / or humidity, and the condition of the playing surface, all such risks being known and appreciated by me.

I recognize that BYUH may not provide certified or experienced coaches, trainers and medical personnel and thus, I will not rely on their counsel, advice or services. I agree to abide by all decisions of those who may officiate the sporting activity, and I attest that I will not participate in such athletic event or sport unless I am physically and medically fit and sufficiently trained to participate. If I misrepresent, in any way, that I am medically fit and sufficiently trained to participate. If I misrepresent, in any way, that I am medically able and fully and properly trained in order to play, I fully assume all risks and responsibility (including medical financial debts) as a result of my voluntary participation.

THE UNDERSIGNED, BY MY SIGNATURE BELOW AFFIRMS THAT I HAVE CAREFULLY READ THIS RELEASE TO PARTICIPATE IN ATHLETIC TRY-OUTS AND ASSUMPTION OF RISK AGREEMENT; I UNDERSTAND ITS CONTENT AND PURPOSES, AND I VOLUNTARILY AGREE TO ALL THE TERMS SET FORTH ABOVE.

Participant's Signature (If participant is under 18 years old Parent or Guardian must sign.) _____

Date _____

School Year: _____

Witness's Signature _____