

**Louisburg College
Medical Waiver/Tryout Form**

PLEASE PRINT IN INK

Name _____ SS# _____
Sport _____ Age _____ Date of Birth _____
Height _____ Weight _____ Contacts or Glasses _____

IN CASE OF EMERGENCY CONTACT

Name _____ Relationship _____
Address _____
Telephone(H) _____ (W) _____ (C) _____

MEDICAL HISTORY

- 1) Have you had or do you have now any medical problems that would restrict your participation within athletics? _____

- 2) Do you have any medical or health problems that you are currently receiving medical treatment for? _____
- 3) Is there any reason that you are not able to participate in athletics?

LIABILITY WAIVER

I _____, verify that during the “tryout” period I will not hold Louisburg College, the Athletic Department, or the Athletic Trainer responsible for any injury I may sustain. I understand athletics are dangerous and that it is possible that I may sustain an injury. I understand this injury could be an injury that may result in permanent disability, paralysis, or possibly death. I understand that paralysis may include loss of movement, feeling and use of my arms, legs, and trunk. I understand that paralysis and its effects could last my entire life. I further understand that upon completion of the “tryout” period if I am accepted to the team that I must provide a current (within 1 year) physical and all other required paperwork to the Athletic Trainer before I can continue to practice with the team. I understand that during the “tryout” period Louisburg College does not carry any insurance to cover any injury/illness I may sustain and that any financial responsibility for treatment due to injury/illness sustained will be the sole responsibility of the student/parent.

Athlete’s Signature Date _____

Parent/Guardian (if under 18) Date _____

ATHLETIC TRAINER and COACH

Upon completion by the athlete if there is any past medical history the athlete must be cleared by the athletic trainer. Upon talking with the athlete and parents the athletic trainer may or may not sign-off on the athlete’s ability to participate in the “tryout” period.

Athletic Trainer’s Signature Date _____