



**MEDICAL LIABILITY WAIVER FOR TRY-OUTS**

<b>STUDENT-ATHLETE INFORMATION</b>		
Student-Athlete's Name (last, first, middle)		Date of Birth
CUID#	SSN	Sport(s)

- I hereby desire to try out for the Clemson University Intercollegiate Team that will start workouts on \_\_\_\_\_. This includes all practices, workouts, conditioning, games, drills and strength training that the team participates in.
- **I fully understand that prior to trying-out, I must provide the following:**
  - A pre-participation physical examination completed within **six (6) months** of the tryout. The physical must clear the prospective student athlete to participate in athletics and must be performed by a licensed physician. For those prospective student athletes already enrolled at Clemson University a pre-participation physical examination can be obtained at Redfern Health Center.
  - Results of a blood test for sickle cell trait and sickle cell disease. Some people will have had this test performed at birth, so the results of the test will need to be obtained and presented at the time of the tryout. Those unable to obtain these records will need to have the test performed prior to the tryout. To obtain a test consult your local physician or health department. Prospective student athletes already enrolled at Clemson University can be tested for sickle cell at Redfern Health Center. **RESULTS OF THE TEST CAN TAKE UP TO 48 HOURS TO COME BACK SO PLAN AHEAD.**
  - Proof of valid health insurance. A valid insurance card or front and back copy of a valid insurance card must be presented at the time of the tryout. HMOs will not be accepted. If it is discovered post-tryout that the proof of insurance provided is not valid, you will not be allowed to participate in any athletic activity until proper health coverage is obtained.
- I fully understand and accept that neither Clemson University nor any of its employees can assume responsibility for any injuries that I may receive as a result of trying out for a team, or conditions arising from a pre-existing injury or condition (before coming to Clemson).
- If I am selected to join the team, I will receive a physical examination and complete the Clemson University Athletic Department Sports Medicine Forms (including health history and insurance information) for review and clearance to participate.
- I know of no physical ailments, injuries, or conditions that would restrict my participation in the Clemson University intercollegiate athletic program.

\_\_\_\_\_  
Signature of Student-Athlete Date

\_\_\_\_\_  
*Print* Full Name of Parent / Guardian  
or Legal Representative\*

Capacity of Legal Representative\*  
(if applicable): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian Date  
or Legal Representative\*  
(if student-athlete is under 18 years of age)

***\*May be requested to provide verification of representative status***

DATE OF LAST PHYSICAL: \_\_\_\_\_



## SICKLE CELL TESTING INFORMATION FOR TRY-OUTS

*The following information has been provided from the "NCAA Fact Sheet for Student-Athletes regarding Sickle Cell". For more information and resources, visit [www.NCAA.org/health-safety](http://www.NCAA.org/health-safety).*

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait is a life-long condition that will not change over time and will not turn into the disease. During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon or "sickle". Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles. During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died. Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense. Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place. Sickle cell trait occurs in about 8% of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population. Though sickle cell trait can occur in any ethnic group, studies show that it has a low incidence rate in persons with northern European ancestry and a slightly higher incidence rate in persons with Middle-Eastern and East Asian Indian ancestry

A majority of States in the U.S. test at birth, but most athletes with sickle cell trait do not know they have it.

I am aware that participation in an on-campus evaluation to be a potential student-athlete in intercollegiate athletics at Clemson University involves the risk of personal injury. I am also aware that if I have sickle-cell trait, I am at an increased risk for serious illness or injury, including death - especially during physical exertion. I understand that, in order to participate in such evaluation, the NCAA and Clemson University require that **EVERY** student-athlete be tested for sickle-cell trait and show the results of a prior test.

### **SICKLE CELL TRAIT TESTING**

- Clemson University requires that all student-athletes confirm their sickle cell trait status prior to participation in any intercollegiate athlete activity.
- Athletes who are positive for the trait will be allowed to participate in intercollegiate athletics; this does NOT prohibit you from playing.

### **PLEASE CHECK ONE OF THE FOLLOWING. INCLUDE ANY DOCUMENTATION:**

Copy of athlete's newborn sickle cell testing Date: \_\_\_\_\_  
*Most states require testing at birth, check with your hospital or pediatrician*

Copy of recent sickle cell screening test Date: \_\_\_\_\_  
*Cost of testing is the responsibility of the athlete*

# CLEMSON

**SPORTS MEDICINE**

## TRYOUT MEDICAL HISTORY

STUDENT-ATHLETE INFORMATION			
Student-Athlete's Name (last, first, middle)			Date of Birth
CUID#	Academic Year (i.e. 2015-16)	Sport(s)	
Position:		<input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> 5 <sup>th</sup> Year	
Permanent Address		City	State
Clemson Address		City	State
Home Phone Number (      )		Mobile Phone Number (      )	
IN CASE OF EMERGENCY			
Name	Relationship	Home Phone	Mobile Phone
MEDICAL HISTORY			
Are you currently experiencing any medical problems, illnesses, or injuries?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i><b><u>If yes, explain:</u></b></i>			
Have you ever experienced a concussion or fainting episode ("passed out")?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i><b><u>If yes, explain:</u></b></i>			
Have you ever had any diagnostic imaging (MRI, X-Ray, CT, Etc.), required surgery or been hospitalized overnight for any reason?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i><b><u>If yes, explain:</u></b></i>			
Have you ever had a change in weight (gain or loss) of more than 15 pounds?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i><b><u>If yes, explain:</u></b></i>			
Have you ever been diagnosed with a heart or cardiac condition? Have you ever had an echocardiogram?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i><b><u>If yes, explain:</u></b></i>			
Are you currently taking any medications (prescriptions, over-the-counter, herbs, vitamins, or Supplements)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i><b><u>If yes, explain:</u></b></i>			
Do you have any other medical problems you would like to report prior to your tryout?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i><b><u>If yes, explain:</u></b></i>			
Do you have any concerns that you would like to discuss with the athletic trainer prior to the tryout?			Yes <input type="checkbox"/> No <input type="checkbox"/>

By signing this document, I am acknowledging that I have answered all questions truthfully. In addition by signing this document, I pledge to answer truthfully and completely all information relative to FUTURE injury and illness that may occur during the upcoming year.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clemson University Athletic Trainer

\_\_\_\_\_  
Date