



MEDICAL LIABILITY WAIVER FOR TRY-OUTS

STUDENT-ATHLETE INFORMATION		
Student-Athlete's Name (<i>last, first middle</i>)		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.

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

SICKLE CELL TRAIT



WHAT IS SICKLE CELL TRAIT?

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

- ▶ 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.

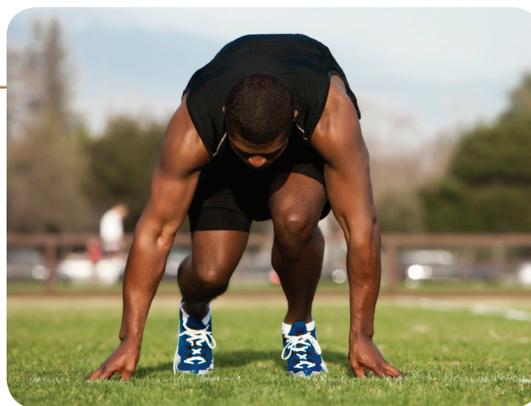
DO YOU KNOW IF YOU HAVE SICKLE CELL TRAIT?

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries.

- ▶ Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population.
- ▶ Most U.S. states test at birth, but most athletes with sickle cell trait don't know they have it.
- ▶ The NCAA recommends that athletics departments confirm the sickle cell trait status in all student-athletes.
- ▶ Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sport.

HOW CAN I PREVENT A COLLAPSE?

- ▶ Know your sickle cell trait status.
- ▶ Engage in a slow and gradual preseason conditioning regimen.
- ▶ Build up your intensity slowly while training.
- ▶ Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- ▶ Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- ▶ If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- ▶ Stay well hydrated at all times, especially in hot and humid conditions.
- ▶ Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.



- ▶ Maintain proper asthma management.
- ▶ Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- ▶ Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- ▶ Seek prompt medical care when experiencing unusual physical distress.

For more information and resources, visit www.NCAA.org/health-safety



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 th Year		
Permanent Address		City	State	Zip Code
Clemson Address		City	State	Zip Code
Home Phone Number ()		Mobile Phone Number ()		

IN CASE OF EMERGENCY

Name	Relationship	Home Phone	Mobile Phone
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MEDICAL HISTORY

Are you currently experiencing any medical problems, illnesses, or injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, explain:</i>	
Have you ever experienced a concussion or fainting episode ("passed out")?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, explain:</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>If yes, explain:</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>If yes, explain:</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>If yes, explain:</i>	
Are you currently taking any medications (prescriptions, over-the-counter, herbs, vitamins, or Supplements)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, explain:</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>If yes, explain:</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



COVID 19 / CORONAVIRUS MEDICAL HISTORY

STUDENT-ATHLETE INFORMATION

Student-Athlete Name (<i>last, first middle</i>)		Date of Birth
CUID#	Sport(s)	

COVID 19 / CORONAVIRUS QUESTIONNAIRE

Please attach all documentation

Have you ever been diagnosed with COVID-19 / Coronavirus through testing?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	If yes, Explain and Provide Results:
Have you ever been suspected of having COVID-19 / Coronavirus but were not tested?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	If yes, Explain and Provide Documentation:
Other than National / State stay at home orders, have you had to self-isolate / quarantine due to symptoms or because you had contact with someone who did?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	Explain:
Have you ever had any testing (even if negative) related to COVID-19 / Coronavirus?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	If yes, Provide Results:
Have you traveled internationally in the last 30 days or do you plan to travel internationally before reporting to Clemson?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	Explain:

CLEMSON
SPORTS MEDICINE
INSURANCE INFORMATION
(PLEASE PRINT)

STUDENT-ATHLETE INFORMATION

Student-Athlete Name (<i>last, first middle</i>)			Date of Birth		
SSN	CUID	Sport(s)		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	

PRIMARY HEALTH INSURANCE INFORMATION

PLEASE PROVIDE A COPY OF THE FRONT & BACK SIDE OF ALL APPLICABLE INSURANCE CARDS

Insurance Company			Provider/Customer Service Number ()		
Claim Address			City	State	Zip Code
Group Number			Group Name		
Policy / Member ID Number		Type of plan <input type="checkbox"/> PPO, <input type="checkbox"/> HMO, _____	Annual Deductible		Coverage Effective Date
Do you have a Medical Spending Account? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of policy (check one) <input type="checkbox"/> Individual Policy <input type="checkbox"/> Medicaid <input type="checkbox"/> Group/Employer Policy <input type="checkbox"/> Other _____		Primary Care Physician and Phone Number		
Does THIS health policy cover prescription drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO		RX BIN	RX PCN	RX Group Number	

POLICY SUBSCRIBER INFORMATION (REQUIRED)

Policy Subscriber Name (<i>last, first middle</i>)		Relationship to Student-Athlete		Subscriber Date of Birth		Subscriber SSN	
Subscriber Home Address				City	State	Zip Code	
Subscriber Employer Name (if policy through employer)				What is the best phone number to reach the Subscriber during the day () - -			
Subscriber Email Address (optional, for communication purposes)							
Form Completed by (<i>please print name</i>)					Today's Date		

SECONDARY HEALTH INSURANCE INFORMATION (IF APPLICABLE)

PLEASE PROVIDE A COPY OF THE FRONT & BACK SIDE OF ALL APPLICABLE INSURANCE CARDS

Insurance Company			Provider/Customer Service Number ()		
Claim Address			City	State	Zip Code
Group Number			Group Name		
Policy / Member ID Number		Type of plan <input type="checkbox"/> PPO, <input type="checkbox"/> HMO, _____	Annual Deductible		Coverage Effective Date
Do you have a Medical Spending Account? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of policy (check one) <input type="checkbox"/> Individual Policy <input type="checkbox"/> Medicaid <input type="checkbox"/> Group/Employer Policy <input type="checkbox"/> Other _____		Primary Care Physician and Phone Number		
Does THIS health policy cover prescription drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO		RX BIN	RX PCN	RX Group Number	

