



# MARS HILL COLLEGE ATHLETIC DEPARTMENT

## *Intercollegiate Athletics Try-Out Information Record*



As permissible by NCAA rules, Division II institutions may hold try-outs under the following conditions:

1. Conducted on campus
2. No more than one try-out per prospect per institution
3. No longer than two hours
4. For high school seniors only, enrolled in a term other than the term in which the traditional season of the sport occurs, or for those who have completed high school eligibility.
5. For a 2-year college student, only after the conclusion of the sport season.

Prospect's Name \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_  
 Street Address/P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Try-out Date \_\_\_\_\_  
 School \_\_\_\_\_ Sport \_\_\_\_\_ Position \_\_\_\_\_

### ***Acknowledgement of Risk, Medical Clearance and Permission to Treat***

With your participation in an athletic try-out, you must understand that due to the nature of sports and athletics, all injuries cannot be completely prevented. You, the prospect and parent/guardian, must understand that sports and athletic participation involves various levels of risk, and be aware that there is a possibility, that an athletic prospect may receive an injury.

In the event of injury, the prospect's parent/guardian must assume the legal and financial responsibility for their son or daughter and give the Sports Medicine Team at Mars Hill College the permission to provide any emergency treatment or care for injuries sustained during the try-out.

*I, \_\_\_\_\_  
Print Your Name (Parent/Guardian) acknowledge that I have read the above statements and understand the involved risks, accept responsibility, and hereby give my permission to treat in case of injury. I further acknowledge that my son/daughter has received a physical examination and has been medically cleared to participate in athletics within 6 months of this try-out.*

Prospect's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

In addition to signing the above waiver, we require that all prospects provide proof of personal insurance coverage. Please send a copy of the front and back of the insurance card and include the name and policy number of your insurance carrier in the space provided.

### **Primary (Medical) Insurance**

Policy Holder: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Policy/ID # \_\_\_\_\_ Home Telephone# \_\_\_\_\_  
 Name/Address of Employer: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_  
 Name/Address of Insurance Company: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

**Try-out Preparticipation Checklist:** Return Completed form, and the requested additional information to:  
 Mars Hill College, Department of Athletics, Post Office Box 6668, Mars Hill, NC 28754 Fax: (828) 689-1501

Acknowledgement of Risk/ Medical Clearance/Permission To Treat \_\_\_\_\_ Insurance Information/Copy of Card \_\_\_\_\_