

# UNIVERSITY OF MARYLAND SPORTS MEDICINE

## Tryout Student-Athlete Information Sheet

Student-Athlete's Name \_\_\_\_\_ Sport \_\_\_\_\_

Sex  Male  Female Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

UID number \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Campus Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medications currently taking? \_\_\_\_\_

Allergies / Asthma / Medical Conditions? \_\_\_\_\_

EMERGENCY CONTACT INFORMATION	SECONDARY EMERGENCY CONTACT INFORMATION
Name _____	Name _____
Relationship _____	Relationship _____
Home Address _____ _____	Home Address _____ _____
Phone _____	Phone _____
Email _____	Email _____

STUDENT-ATHLETE INSURANCE INFORMATION	
Insurance Company _____	Policy Owner _____
Address _____	DOB _____
City _____ State _____ Zip _____	Coverage-
Phone # _____	<input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> PRESCRIPTION <input type="checkbox"/> VISION
Type of Insurance-	<input type="checkbox"/> Other _____
<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> Military	Is preauthorization necessary for medical/diagnostic services?
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Phone # _____
Policy / ID # _____	Primary Care Physician _____
Group # _____	Physician Phone # _____
Rx Bin # _____	
Rx GRP # _____	
PCN # _____	

**PLEASE READ CAREFULLY!**

- The University of Maryland Department of Intercollegiate Athletics' accident policy provides insurance for student-athletes with ***injuries occurring only when participating in the play or practice of intercollegiate athletics.*** This accident policy is considered "EXCESS" or "SECONDARY" to any other collectible group insurance benefits. Therefore, any claims for benefits must first be filed with the group insurance company providing coverage. Only after all available benefits have been exhausted will the University of Maryland's Department of Intercollegiate Athletics' insurance carrier consider payment for any remaining balances.
- I hereby authorize the University of Maryland Department of Intercollegiate Athletics, hospitals, & physicians connected with or provided, to furnish information to insurance carriers concerning any illness, injury, & treatments & I hereby assign to the party all payments for medical services rendered to the student-athlete.
- I agree to supply any & all information requested by my primary insurance, the University of Maryland Department of Intercollegiate Athletics & their excess insurance company in a timely manner.
- I hereby authorize the University of Maryland Department of Intercollegiate Athletics and their excess insurance company to secure & inspect copies of case history records, lab reports, diagnoses, x-rays, & any other data pertaining to the injury/illness I am receiving care for or previous confinements of disabilities relevant to the care of the injury/illness.
- I hereby authorize the University of Maryland Sports Medicine Unit and/or my coach to hospitalize & secure treatment for me for any athletic injury/illness.
- A photocopy of this authorization shall be deemed as effective & valid as the original.
- I agree to notify the University of Maryland Sports Medicine Unit immediately upon any change in the above health insurance information. If I fail to do so, I fully understand that I may be responsible for any & all charges incurred.
- I hereby certify that I have read & understand the above statements, that any & all questions have been answered to my satisfaction, & that the answers provided are true, complete, & correct to the best of my knowledge.

Policy Holder's Signature _____	Date _____
Student-Athlete's Signature _____	Date _____



**Department of Athletics  
Sports Medicine**

## TRY OUT RELEASE & WAIVER OF LIABILITY

I, \_\_\_\_\_, certify that I am currently enrolled as a full-time  
Student-Athlete Print Name

student at the University of Maryland (at least 12 credit hours). I acknowledge that I am completely aware of the inherent risks associated with \_\_\_\_\_ and with participation in a try-out for that  
Sport

sport. I understand that, in addition to the risks of injury, which may include death, my participation in that sport may cause aggravation of pre-existing injuries. Knowing this, I take full responsibility for any injury that may occur as a result of my participation in the try-out. Further, in consideration of the University of Maryland granting me permission to participate in this tryout, I hereby agree to irrevocably and unconditionally release, hold harmless, and indemnify the State of Maryland, the University System of Maryland, the University of Maryland College Park, and their officers, employees and agents (hereinafter referred to as the "University") from any and all liability, demands, claims, and causes of action in the event that I become injured in any way as a result of my participation in the tryout period. I warrant that I am in adequate physical condition, and physically able to perform this tryout, and that I have no known physical conditions, which could be materially worsened or aggravated by my participation, unless stated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I also have accurately and completely filled out the attached Health History Questionnaire. It is my understanding that the University of Maryland Sports Medicine Department may deny my participation in a tryout due to a medical condition found in my health history. I understand that any pre-existing medical condition may have to be corrected prior to the try-out and/or acceptance to the team. In addition, all costs associated with any tests, consultations, and/or medical procedures needed to gain approval/certification for participation are the responsibility of myself, and/or my parent(s) / guardian(s). I further acknowledge that I am signing this waiver voluntarily, with complete understanding of the terms and conditions herein, and that, as applicable, I have discussed my participation and the related risks with my parents and/or guardians.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
Parent / Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



Department of Athletics  
Sports Medicine

## ASSUMPTION OF RISK / RELEASE

In consideration of being allowed to participate in any way in the Intercollegiate Athletics program at the University of Maryland, College Park and/or related events and activities of the Intercollegiate Athletics program at the University of Maryland, College Park, I: \_\_\_\_\_

Print Name

- a. Acknowledge and fully understand that I will be engaging in activities that involve risk or potentially serious injury including permanent disability and death, and severe social and economic losses which might result not only from my actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
- b. Knowingly and freely assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- c. Understand that the University of Maryland and the Department of Intercollegiate Athletics has no appropriation for other funds which may be used to pay claims against the University of Maryland or the Department of Intercollegiate Athletics and their officers, agents and employees of any individual who may be injured in an accident while participating in a University of Maryland athletic program.
- d. Understand that I have been advised by the University of Maryland and the Department of Intercollegiate Athletics to obtain a physical examination to determine that I am fit to participate in Athletic Department activities and to procure health and accident insurance to cover the cost incurred from injuries I may sustain as a result of my participation in Athletic Department activities.
- e. Voluntarily assume all risks of loss, damage, illness, injury or death that I may sustain while participating in University or Athletic Department activities and in consideration of the right to participate in such programs, I covenant to refrain from instituting any claim, demand or cause of action for damages, costs or compensation against the University of Maryland or the Department of Intercollegiate Athletics or their officers, agents or employees for any injury or loss which may occur as a result of participation in University or Athletic Department activities.
- f. Release, waive, discharge and covenant not to sue the University of Maryland, College Park, its officers, agents and employees all of which are hereinafter referred to as "releasees," from any and all liability to me, my heirs, or next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.
- g. Have read and understand the content of the waiver and release and sign voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

The University of Maryland and the Department of Intercollegiate Athletics are not authorized to provide medical, accident or health insurance. You are advised to obtain appropriate insurance on an individual basis. If you are presently insured, you should check your policy to assure yourself of sufficient and appropriate coverage.