



East Central University Try-out Form

Compliance must pre approve prior to conducting try out



Name of prospect: _____ Date of Tryout: _____

Sport: _____ Time Tryout begins: _____ Time Tryout ends: _____

(NCAA limit 2 hours)

High School Prospect

Date high school eligibility complete in sport: _____

Is the PSA outside his/her high school's traditional season in the sport? Yes or No

(traditional season begins with the first official team practice and concludes with the team's final competition)

Two Year College Prospect

Date prospect's sports season ended: _____ PSA has exhausted 2-year eligibility? Yes or No

Four Year College Prospect

Date prospect's sport season ended: _____

Permission to contact prospect obtained from prospect's institution? Yes or No

Currently Full-Time at your institution: Yes or No # of hours enrolled: _____

Permission to contact PSA obtained from previous 4 year institution if not removed 2 semesters?

N/A or Yes or No

PSA is Not Currently Enrolled in any Institution

Permission to contact PSA obtained from previous 4 year institution if not removed 2 semesters?

N/A or Yes or No

As of August 1, 2012: Bylaw 13.11.2.1 (c) All PSA's must have a sickle cell solubility test (SST), documentation of previous test or declines test and signs a release waiver.

As of August 1, 2007: Bylaw 13.11.2.1.c Prior to participation in a workout, a PSA is required to undergo a medical examination within 6 months of participation in practice, competition or out-of-season conditioning activities during their current academic year as long as it was accepted by their participation in athletics during the current academic year.

Medical Examination within last 6 months attached: Yes or No

Sickle Cell information attached or waiver signed on the back: Yes or No

Signature of Coach: _____ Date: _____

Approved By: Assistant A.D. for Compliance _____ Date: _____

East Central University Assumption of Risk/ Liability Waiver

By signing below you acknowledge that this tryout is voluntary and that within the activities conducted for a tryout there are dangers that may lead to injury. Should an injury occur, the East Central University Sports Medicine Staff would provide basic emergency first-aid. It is to be further understood that the prospect and his or her family will not hold East Central University financially responsible for any debts incurred from said injury.



Print Name of Prospective Student- Athlete

Date

Please complete reverse side.

Signature of Prospective Student-Athlete

Signature of Parent/Guardian (If Prospect is under 18)

Sickle Cell Anemia and Trait Questionnaire/Waiver

Sickle Cell Anemia is an inherited disease in which an abnormal gene affects hemoglobin in the red blood cells. It is inherited from both parents. Sickle cell anemia causes significant anemia and many other serious health problems.

Sickle Cell Trait is a common medical condition that is found in more than three million people in the U.S. Sickle cell trait occurs when the abnormal gene affecting hemoglobin is inherited from only one parent. It causes very few health problems, and does not cause anemia. In rare cases, athletes with SICKLE CELL TRAIT have experienced significant distress, collapse, or even death during rigorous exercise.

Understanding that the condition is one of inheritance versus race, the sickle gene is common in people whose origin from areas where malaria is widespread. These populations include ancestry from Africa, South or Central America, the Caribbean, Mediterranean countries, India, and Middle Eastern countries.

Sickle Cell Trait Testing

The **NCAA requires** that all student-athletes have knowledge of their sickle cell trait status prior to a tryout. PSA's have the following options:

- 1.) Show proof of sickle cell testing done at birth; or
- 2.) Consent to a blood test to check for the sickle cell trait; or
- 3.) Sign a waiver declining options 1 and 2. Whichever option is chosen, it must be completed before the student-athlete participates in any intercollegiate athletic event, including strength and conditioning sessions, try-outs, practices, or competitions.

PSA's who are positive for the sickle cell trait **will be** allowed to try-out for intercollegiate athletics.

Pleas answer the following questions:

- 1.) Do you have documentation of testing of sickle cell anemia/trait? Yes or No
- 2.) Do you want to be tested for sickle cell anemia/trait using the Sickle Cell Solubility test? Yes or No
- 3.) Sickle cell testing waiver:

I, (please print) _____, understand and acknowledge that the NCAA recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts and the University policy about sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to East Central University Athletic Training staff.

I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless the state of Oklahoma, the University, its officers, employees, agents and their successors and assigns from any and all costs, claims, damages or expenses, including attorney's fees, arising from any loss or personal injury that might result from my refusal to be tested.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student-Athlete's Signature Date of Birth (please print)

Date

Parent/Guardian's Signature *(if under 18 years of age)*

Date

Parent/Guardian's Printed Name