Welcome to TWU and thank you for your interest in Pioneer Athletics. We are excited to have you on campus. This packet contains information which is very important for you to understand before taking part in an athletics tryout. Please read carefully, and return the required materials to the Sports Medicine Office within the given timeframe.

Your health and safety are of utmost concern to us. Therefore, we ask that you aid us in preparing for your tryout by completing the following:

1. A Pre-Participation Physical Examination
   a. Must be completed by a MD, DO or Nurse Practitioner
   b. Must be completed within six (6) months of your tryout at TWU
   c. Forms are generally provided by the healthcare provider, but if requested, we can provide your physician/practitioner with a clean copy

2. Required medical documentation
   a. Waiver and Assumption of Risk for Tryouts
   b. Medical History Questionnaire for Tryouts
   c. Sickle Cell Trait Testing/Informed Consent for Tryouts

We require you to submit your medical examination documents to the Sports Medicine Office at least two (2) business days prior to the tryout date!

If you have any questions, please contact your recruiting coach or the Sports Medicine Office at (9440) 898-2593.

Please mail all required forms to: TWU Sports Medicine, P.O. Box 425349, Denton, TX 76204-5349

Or fax all required forms to: TWU Sports Medicine, Attn: Kris Ring, Fax number: 940-898-2375

Prior to participating in an athletics tryout at TWU, you must submit your most recent physical examination (completed by a physician within 6 months prior to the tryout date), the Waiver and Assumption of Risk for Tryouts, Medical History Questionnaire for Tryouts, and Sickle Cell Trait Testing/Informed Consent forms. All documents must be received at least two business days prior to the tryout date.
### Waiver and Assumption of Risk for Tryouts

Prospect’s Name: ____________________________  Prospect’s Date of Birth ____________

Address: ____________________________  Sport: ____________________________

Parents/Guardian: ____________________________  Home/Cell Phone: ____________

Family Doctor/Physician: ____________________________  Doctor Phone: ____________

Date and Location of Tryout: ____________________________  Email: ____________

Prospect is on an:  
☐ Official Visit  ☐ Unofficial Visit  ☐ Tryout Only

Prospect’s classification:  
☐ High School Senior  ☐ High School Junior  ☐ 2-YR Transfer  ☐ 4-YR Transfer

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**Waiver/Assumption of Risk Statement:**

I, the undersigned, consent to participate in the Texas Woman’s University Intercollegiate Athletics tryouts. I realize that there are risks assumed in athletics from activities such as running, jumping, weight training, use of equipment/apparatus, contact with or falls from equipment/apparatus, as well as other activities. I understand and agree to participate with full knowledge, understanding and appreciation of the risks herein. I am willing to assume the risk of serious injury that includes loss of limb or organs, paraplegia, quadriplegia, brain injury or death. I understand that TWU Intercollegiate Athletics Insurance does not cover injuries sustained during or as a result of the tryout process and that TWU will bear no financial responsibility for such injuries.

In consideration of my being allowed to participate in the Texas Woman’s University Intercollegiate Athletics tryouts, I hereby release and hold harmless the Texas Woman’s University, its employees, officers, regents, and other persons associated with my participation from any liability relating thereto.

____________________________  ________________
Signature of Prospective Student-Athlete  Date

____________________________  ________________
Signature of Parent/Guardian of Prospect (if under 18)  Date
Medical History Questionnaire for Tryouts

Prospect’s Name: ________________________________  Prospect’s Date of Birth____________________

Sport: ____________________________  Current High School/College: ____________________________

GENERAL HEALTH HISTORY

Have you ever had or do you now have any of the conditions below (yes or no)? If so, please explain below.

☐ Allergy  ☐ High/Low Blood Sugar
☐ Asthma  ☐ Hypertension
☐ Anemia  ☐ Mononucleosis
☐ Recurrent Cough or Wheeze  ☐ Pneumonia
☐ Diabetes  ☐ Stomach Cramps
☐ Heart Condition  ☐ Rheumatic Fever
☐ Heat Exhaustion/Stroke  ☐ Seizures/Epilepsy
☐ Hepatitis  ☐ Sickle Cell Anemia
☐ Hernia  ☐ Tuberculosis
☐ High/Low Blood Pressure  ☐ Ulcers
☐ Concussion  ☐ Shortness of Breath

Explanation: ____________________________________________________________

_____________________________________________________________________

MUSCULOSKELETAL HISTORY

Have you ever injured or do you have pain in any of the following (yes or no)? If so, please explain below.

☐ Head  ☐ Abdomen/Pelvis
☐ Neck  ☐ Hip/Thigh  R  L
☐ Back  ☐ Foot  R  L
☐ Shoulder  R  L  ☐ Knee  R  L
☐ Elbow/Forearm  R  L  ☐ Lower Leg  R  L
☐ Hand  R  L  ☐ Ankle  R  L
☐ Chest  ☐ Foot  R  L

Explanation: ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
OTHER MEDICAL CONDITIONS

If you have had or currently have any additional medical conditions, illnesses, injuries, surgeries, problems, or comments that have not been addressed thoroughly above, please provide detailed information.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

________________________________________________________________________

Signature of Prospective Student-Athlete

Date

Signature of Parent/Guardian of Prospect (if under the age of 18)

Date
Sickle Cell Trait Testing/Informed Consent Form for Tryouts

Sickle Cell Trait
Sickle cell trait (SCT) is the inheritance of one gene for normal hemoglobin (Hgb A) and one gene for sickle hemoglobin (Hgb S), giving the genotype Hgb AS. It is a blood disorder that affects red blood cell (RBC). Hgb AS is present in each RBC, which can cause RBC to deform of “sickle”. An accumulation of these sickle cells can logjam blood vessels and stop blood supply. This amassment of RBC can lead to rhabdomyolysis – a condition marked by rapid muscle breakdown with resultant dumping of toxins into the blood. During exertion, some cells may sickle due to hypoxemia, hyperthermia, lactic acidosis, or an increase in Hgb S concentration. Athletes with the sickle cell trait may experience significant distress, collapse, or death during exercise.

Purpose of Testing
NCAA legislation has been adopted at the Division II level that requires institutions to either verify sickle cell trait status of each individual trying out of a team or present an opt-out option. To complete the verification process, you must choose from one of the following actions: 1) provide documented results of a sickle cell solubility test, or 2) opt out of the verification process by indicating your intent below. In accordance with NCAA policy, you must provide test results or an opt-out waiver prior to any participation with a TWU Athletics team.

Verification of Sickle Cell Trait Status
Please initial the box next to the option that you are choosing, sign and date at the bottom.

[ ] I certify that I have been tested for SCT and will provide documentation to the TWU Athletic Training staff of results of this test for my medical file prior to participation in intercollegiate athletics at TWU.

[ ] I do not wish to be tested for SCT. By declining, I certify that I have read and understand all risks involved with refusing this test. I voluntarily assume all risks of having SCT associated with participation with athletics and release Texas Woman’s University from any liability in the event that a sickle cell trait-related injury or illness results.

Prospective Student-Athlete Signature ___________________________ Date ____________
Name – Printed ___________________________ Sport ____________

Parent/Guardian Signature (if under 18 years of age) ___________________________ Date ____________