



## ERAU Student Tryout Process

All ERAU student tryouts at Embry-Riddle University (ERAU) must complete the following process/paperwork prior to any medical clearance for activity. The ERAU Compliance Office will be notified when all sports medicine paperwork is completed and medical clearance is granted. Embry-Riddle will not be financially responsible for any pre-existing condition, general medical condition/illness, and/or physician visits, diagnostic testing, or rehabilitation deemed necessary prior to clearance being granted for participation in the tryout.

### Tryout Process:

- Complete the ERAU Student Tryout Physical Packet in its entirety.
- Provide a health physical (within 6 months) by an MD/DO/PA. We will not accept a physical completed by a Chiropractor. Physicals can be completed by Health Services by scheduling an appointment by calling 386-226-7917.
- It is recommended that tryouts have health insurance but not mandatory.
- Provide proof of Sickle Cell Trait testing.
- Bring completed packet with physical to:  
Justin McMahan  
Assistant Athletic Trainer  
ICI Center  
Room 109  
Or e-mail: [mcmahanj@erau.edu](mailto:mcmahanj@erau.edu)
- Clearance by Sports Medicine will be communicated to the Compliance Office and Head Coach

**If you are made an Official Member of the team, you will be directed on the completion process in order for you to begin practicing. You will need to complete the following:**

- Complete the Privit online paperwork process
- Must get a physical with ERAU Sports Medicine Team Physician
- Baseline concussion ImPact Testing
- Student Athlete Policies and Procedures paperwork
- Drug Testing Policy and paperwork

## SPORTS MEDICINE: Tryout Personal Information



Revised: 1/6/2020  
Tryout Personal Information

ERAU Sports Medicine Staff  
Only Reviewed by: \_\_\_\_\_

### **Tryout Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Year in School: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sport(s): \_\_\_\_\_

### **Parent Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Medical Information**

Allergies: NONE / YES List: \_\_\_\_\_

Medications Taken Regularly: NONE / YES List: \_\_\_\_\_

Medical Alerts/Conditions: NONE / YES List: \_\_\_\_\_

### **Insurance Information**

Although it is not mandatory, we recommend that all Tryouts have individual health insurance coverage. Embry-Riddle Athletics will not be financially responsible for any injury that occurs during your recruiting process. If you are injured while participating as a Tryout, you will be responsible for all medical bills relating to the injury. Please check the option below that coincides with your health insurance coverage:

☐ I have primary insurance with \_\_\_\_\_  
Company Name Policy Number

☐ I do not have primary insurance coverage. I understand that if I am injured, any and all medical bills relating to my injury will be my responsibility. ERAU Athletics will not be held financially responsible.

**Embry-Riddle University Sports Medicine  
Tryout Medical History**

Student Athlete Name: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Medical History	Y	N	If you answer YES, please explain:
1. Have you been hospitalized or had a major illness?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you currently have an illness?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had a major injury to any of the following areas: <ul style="list-style-type: none"> <li>• Head (including concussion)</li> <li>• Neck</li> <li>• Shoulder</li> <li>• Arm</li> <li>• Wrist</li> <li>• Hand/Fingers</li> <li>• Back</li> <li>• Ribs</li> <li>• Hip</li> <li>• Thigh</li> <li>• Knee</li> <li>• Lower Leg</li> <li>• Ankle</li> <li>• Foot/Toes</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you currently have an injury or pain that has not resolved completely?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you been unconscious for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you had any surgical procedures performed?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are you currently taking any medication on a regular or continuing basis? <i>If you are taking any medication for ADD/ADHD, your prescribing physician will need to provide documentation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you been diagnosed with ADD/ADHD, bipolar disorder, anxiety, extreme stress, or depression?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you had any dental work done?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have you seen a physician for any reason in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you had a significant change in your weight?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you wear contacts or glasses? Have you had any vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have you had any issues, injuries, or illnesses not previously mentioned on this form?	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge. I understand that any incomplete, incorrect, or withheld medical information may disqualify me from participation in Embry-Riddle University Athletics.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if athlete is under 18)

\_\_\_\_\_  
Date

**Embry-Riddle University Sports Medicine**  
**Cardiovascular History**

Student Athlete Name: \_\_\_\_\_

Sport(s): \_\_\_\_\_

<b>Cardiovascular History:</b>	<b>Y</b>	<b>N</b>	<b>Explain Yes Answers</b>
1. Have you been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have shortness of breath with exertion or while lying down?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have chest pain or tightness during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you had the feeling of your heart racing or skipping beats?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you have or have you been told you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have or have you been told you have high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you have or have you been told you have heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Has any member of your immediate family died of a heart problem or sudden death before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Do you have or have you been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you have or have you been told you have a heart problem with Valsalva Maneuver?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have you had a heart attack or experienced Angina?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Have you had a stroke or CVA?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have or have you been told you have Mitral Valve Prolapse?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have or have you been told you have an arrhythmia? (i.e. Wolff-Parkinson White, Long QT)	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do you have or have you been told you have an irregular heartbeat?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Have you had: EKG _____ Echocardiogram _____ Exercise Stress Test _____	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do you have or have you been told you have: Pericarditis _____ Myocarditis _____ Endocarditis _____	<input type="checkbox"/>	<input type="checkbox"/>	
20. Do you have or have you been told you have Marfan's Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has a physician denied or restricted your participation in sports due to any heart/cardiovascular related conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If you have had any diagnostic testing done on your heart, have seen a physician for any cardiovascular problems, please include copies of all diagnostic test reports and/or physician office notes.</b>			

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge. I understand that any incomplete, incorrect, or withheld medical information may disqualify me from participation in Embry-Riddle University Athletics.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if athlete is under 18)

\_\_\_\_\_  
Date

## SPORTS MEDICINE: ERAU Waiver and Medical Release for Athletics Form



Updated: 8/8/2018  
Revised: 6/27/2022  
ERAU Waiver and Medical Release for Athletics Form

This Waiver, Release and Medical Release is presented to me by Embry-Riddle Aeronautical University ("ERAU") located at 1 Aerospace Blvd. Daytona Beach, FL 32114 for my voluntary participation and I agree to abide by the following:

For myself, my estate, assigns and representatives, I hereby release, indemnify, hold harmless and forever discharge ERAU, its trustees, officers, employees, and agents from any and all claims, liability, demands, lawsuits, and causes of action of any kind or nature, known or unknown, that I have or may have, arising from or related to my voluntary participation. I, for myself, my estate, assigns and representatives, hereby waive any and all claims of any kind or nature, known or unknown, for damages, injuries or losses to myself or my property arising from or related to my voluntary participation. Unless required by law or valid order of court, I shall not file, allow to be filed, consent to, or cooperate with any claim, cause of action, lawsuit, or demand of any kind or nature for injuries or losses to or by me arising from or related to my voluntary participation, and shall on demand defend and indemnify ERAU for any cost or expense associated therewith.

I understand that activities, of which I will voluntarily take part, can be dangerous and may cause or lead to injuries, including but not limited to, broken bones, concussions, comatose state and other very serious bodily injuries up to and including death. I acknowledge that I am sufficiently fit to voluntarily participate, and that I may examine the equipment and facilities. If it appears to be unsafe, I will notify the appropriate party and not use the equipment of facilities until such condition is corrected. My participation shall be conclusive proof that I was satisfied with the safety and condition of the equipment and premises.

I hereby consent that ERAU or its agent may arrange for or provide emergency medical care that appears reasonably necessary, or transportation to such care. I understand and agree that neither ERAU, nor its trustees, officers, employees, or agents shall provide medical insurance, nor will they pay any medical cost or expense incurred by me. I shall be responsible for the payment of all such expenses, including the costs of transportation or hospitalization. ERAU, therefore, strongly recommends that I obtain my own personal insurance fit to cover any related injuries or damage, and I hereby acknowledge that recommendation.

I agree that this Agreement shall be binding on my personal representatives, assigns, heirs, next of kin and successors in interest whether such injuries or losses are alleged to be caused in whole or in part by the negligence of the released parties. In witness whereof, I affix my signature below:

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**Printed Name**

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**Age during time of visit**

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**Athlete Signature**

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**Date**

### **PARENT/GUARDIAN OF MINORS UNDER THE AGE OF 18**

I am the legal parent or guardian for the above participant. For myself and my minor child, I hereby consent to the minor's participation as per this Agreement, and agree to the terms herein:

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**Parent/Guardian Signature**

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**Parent/Guardian Printed Name**

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**Date**

# SPORTS MEDICINE: Tryout Sickle Cell Trait Acknowledgement Form



Updated: 6/27/2022  
Revised: 6/27/2022  
Tryout Sickle Cell Trait Waiver Form

Sport(s): \_\_\_\_\_

Tryout Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## NCAA Bylaw Update:

17.1.5.1 Sickle Cell Solubility Test. The examination or evaluation of student-athletes who are beginning their initial season of eligibility and students who are trying out for a team shall include a sickle cell solubility test (SST), unless documented results of a prior test are provided to the institution.

How to submit documentation showing what your Sickle Cell Trait status is:

1. Previous testing:
  - a. Contact your pediatrician or birth hospital and get documentation showing your Sickle Cell Trait status.
  - b. Request a copy of your newborn screening information/results from your respective state Dept. of Health (birth state).
2. Schedule an appointment with your family physician to have the Sickle Cell Trait testing done. It will need to be done in the form of a blood test.

Please send your results to Katie Proppe, Assistant Athletic Trainer, by fax: 386-323-5017 or email: [proppek@erau.edu](mailto:proppek@erau.edu).

## Definition of Sickle Cell Trait

Sickle Cell Trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During periods of intense exercise, the Sickle Cell Trait can change the shape of the red blood cells from round to quarter-moon. The accumulation of sickled red blood cells block blood flow and can cause ischemic rhabdomyolysis, the rapid breakdown of muscle cells possibly causing death if not treated. Sickling can occur in 2-3 minutes of intense all-out exercise. Heat, dehydration, altitude, asthma and other medical conditions may increase the risk.

## Authorization for Sickle Cell Testing

I certify that I have been tested for Sickle Cell Trait and will provide documentation of results to the ERAU Sports Medicine Department. I understand that I will not be allowed to participate until a copy of the test results have been turned into the ERAU Sports Medicine Department.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if athlete is under 18)

\_\_\_\_\_  
Date