TRYOUT INFORMATION AND DIRECTIONS

The following form must be completed in its entirety and submitted 7 DAYS BEFORE your tryout can commence. If you have not yet communicated with the head coach, do not complete this form until instructed to do so. You must receive written approval by University personnel prior to any participation.

☐ Complete Tryout Waiver Form

- To fill out electronically, download form to desktop and then open with Adobe PDF Reader
- Click View > Tools > Fill and Sign > Open
- Click cursor over blank lines to type
- To add electronic signature, click at top of form, add signature, then place over blank signature line

Step 1 – Complete top portion of the form

Step 2 – Answer ‘yes’ or ‘no’ to all of the self-assessment questions

Step 3 – Indicate which team you will be trying out for. Ex: volleyball, bowling, men’s lacrosse, etc.

Step 4 – Indicate up to two dates of participation

Step 5 – Review, sign, and date the bottom of the document

- If a parent/guardian signature is required, please have the respective individual sign the document
- Any form with electronic signatures will need to be officially signed upon arriving for the tryout

☐ Email completed form directly to Kimberly Collier, MS, AT, ATC at KCOLLIE3@hfhs.org

☐ If necessary, obtain additional requested medical documentation and submit directly to Kimberly Collier

☐ Once approved to participate, coordinate with Coach on time, location, and additional details for tryout

This documentation must be completed, submitted, and approved in advance of tryout activities taking place. Failure to complete and submit the appropriate documentation may forfeit the prospective student-athlete’s ability to participate in tryout activities.
University of Michigan-Dearborn Department of Athletics
Tryout Waiver

Full Name (please print): ____________________________ (*Athlete*)  Date of Birth: ____________________________

Address: ____________________________ City: ____________________________ State: _______ Zip: _______

Current school enrollment: □ High school  □ College/University ____________________________  □ Other _______

Please answer ‘yes’ or ‘no’ to all of the following self-assessment questions:

• Do you have any allergies or are you taking any medications on a regular or continuing basis? ____________________________
• Are you currently under the care of a physician for an injury or illness? ____________________________
• Have you ever been hospitalized or had any surgeries? ____________________________
• Has a physician ever denied or restricted your sport participation? ____________________________

If you answered “yes” to any of the above questions, it is recommended, and may be required, that a physical examination be completed prior to trying out. This physical examination should be dated within the past 12 months, and completed by an MD or DO.

Athlete (or if the parent or guardian, on behalf of the Athlete) certify that Athlete: (1) is not currently suffering from any physical or mental disability that would preclude me from participation in this tryout; (2) has participated in athletic activities before and am fully aware of the risks and dangers involved, which could include but are not limited to, concussions, fractures, muscle or ligament tears, dislocations, or an injury that may require surgical intervention; and (3) is aware that unanticipated and unexpected events may occur during such activities that may result in serious injury to me. I voluntarily and knowingly assume all risk of injury that may be sustained arising out of the tryout for the University of Michigan-Dearborn ____________________________ team.

In consideration of being allowed to tryout, I hereby release and forever discharge the Regents of the University of Michigan and all their employees, agents and volunteers, including University of Michigan–Dearborn, the athletics department, and its affiliates/staff from all injuries/actions arising out of the tryout except for their gross negligence, sole negligence or willfully wrongful acts or omissions. If an accident or injury occurs, I agree to assume all financial responsibility for all medical care that may be required from injuries/actions arising out of the tryout.

Following the completion of this tryout, if I am chosen as a University of Michigan–Dearborn student-athlete, I understand that I must be cleared by the Team Physician for the University of Michigan–Dearborn prior to participating in any practice or competition. I understand and agree to abide by all standards, policies, and procedures written in the Student-Athlete Handbook and I will be required to complete all NAIA eligibility requirements prior to competing.

The dates of participation are: ____________________________ and _____________________________. (NAIA limits 2 dates)

Athletes signature ____________________________ Date ____________________________

Parent signature if Athlete is under 18 years of age ____________________________ Date ____________________________

Participation Approved by:

University of Michigan-Dearborn Athletic Trainer ____________________________ Date ____________________________

University of Michigan-Dearborn NAIA Compliance Director ____________________________ Date ____________________________