



Madonna University Athletics  
36600 Schoolcraft Road  
Livonia, MI 48150  
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## Try-Out Release Form

To the best of my knowledge, I do not have any diseases or injuries which medically would prohibit my participating in practices or conditioning while trying out for the sport of \_\_\_\_\_ at Madonna University.

I waive any responsibility on the part of the Madonna University Athletics Department and its Sports Medicine Staff and any medical facilities or physicians designated by the aforementioned staffs for illnesses or injuries that develop while trying out for \_\_\_\_\_ at Madonna University.

I also understand that any medical services necessitated by the participation indicated above will be my responsibility and charged to my family's medical insurance plan. (The student health insurance available from Madonna University does not cover injuries/illnesses incurred while participating in intercollegiate athletics.)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Age

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if athlete is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletics Director

\_\_\_\_\_  
Date

| Personal Medical History  | No | Yes - Explain |
|---|----|---------------|
| Are you currently taking any medications, or supplements?   |    |               |
| <i>List all medications and/or supplements:</i>   |    |               |
| Have you ever been hospitalized?  |    |               |
| Have you ever had orthopedic surgery? (must provide copy of surgical report)**  |    |               |
| Have you ever had surgery, other than orthopedic?   |    |               |
| List any seasonal allergies that require medical treatment:   |    |               |
| Have you ever had chest pain during or after exercise?  |    |               |
| Have you ever been dizzy or passed out during or after exercise?  |    |               |
| Have you ever had a racing heart or skipped heartbeats?   |    |               |
| Have you ever been told you have a heart murmur?  |    |               |
| Have you ever had high blood pressure or high cholesterol?  |    |               |
| List any family members who died of heart problems or a sudden death before age 50?   |    |               |
| Have you had a recent viral infection? (i.e....mono)  |    |               |
| Do you have trouble breathing, shortness of breath, or do you cough or wheeze during or after activity? Do you tire more quickly than your teammates? |    |               |
| Have you ever been diagnosed with asthma? List all meds, including inhaler  |    |               |
| Have you ever sustained a head injury or concussion? When?  |    |               |
| Have you ever lost consciousness or blacked out after a head injury? When?  |    |               |
| Have you ever had a seizure?  |    |               |
| Do you have severe or frequent headaches?   |    |               |
| List any siblings or cousins who died of SIDS.  |    |               |
| Are you currently being treatment for any skin conditions? (itch, rash, hives, acne, fungus)  |    |               |
| Have you ever become ill (dizzy, cramps, pass out) while exercising in the heat?  |    |               |
| Have you ever had numbness or tingling in your hands, arms, legs, or feet?  |    |               |
| Do you have only organ of usually paired organs? (eye, kidney, testicle)  |    |               |
| Do you wear glasses and contact lenses?   |    |               |
| Do you have a hearing deficit or wear a hearing aid?  |    |               |
| List any dental appliances: permanent bridge, crown, removable partial or full plate or retainer?   |    |               |
| Have you ever had a sprain, strain, fracture, break or other injury to a bone or joint?   |    |               |
| <i>List injuries and dates:</i>   |    |               |
| Have you ever had a stress fracture? When and Where?  |    |               |
| Do you want to weigh more or less than you do now?  |    |               |
| List any supplement, vitamin, steroid, or nutritional supplements you are taking to gain/lose weight or improve performance:                          |    |               |
| Do you feel stressed out frequently? Are you more tired than your teammates?  |    |               |
| Do you have any medical conditions? (infections, diabetes, myocarditis, etc?)   |    |               |
| Circle the following childhood diseases you've had: Measles German Measles Mumps Chicken Pox Asthma Hernia  |    |               |
| Are you currently under a doctor's care for an injury or illness? Explain:  |    |               |
| Physician name and contact info:  |    |               |