This form, including the following mandates, is required for any individual who is trying out for a Varsity Athletics team or supports Athletics as a Cheerleader, Dance Line Member or Practice Player:

* Proof of physical examination (including sickle cell testing for individuals trying out for Varsity Athletics teams and male practice players) within the last year; copy must be attached to form
* Proof of current medical insurance coverage; copy must be attached to form

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| --- | --- |
| **NAME (last, first, MI)** | **Student ID and VUNet ID** |
| **\_\_\_\_\_ TRYING OUT FOR VARSITY TEAM****\_\_\_\_\_ CHEERLEADER****\_\_\_\_\_ DANCE LINE****\_\_\_\_\_ PRACTICE PLAYER****\_\_\_\_\_ Mr. C/Mic Men** | **DATE OF BIRTH** |
| **CELL PHONE NUMBER****EMERGENCY CONTACT PERSON & PHONE NUMBER:** | **HOME ADDRESS (street, city, state, zip)** |
| **DATE OF ENROLLMENT AT VANDERBILT** | **ANTICIPATED DATE OF GRADUATION** |

My signature below indicates my understanding and acknowledgement of the following as part of my participation:

* I agree to follow any advice and procedures set forth.
* I release Vanderbilt University, its agents and employees from any liability caused by or resulting from participation (in tryouts for a Varsity team, as a cheerleader, dance line member or male practice player).
* I acknowledge that my participation is done at my own discretion, and I am physically able to participate. Should an injury occur during my participation in tryouts, I consent to receive medical treatment.
* There are inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death.
* I currently have medical insurance coverage and understand that I am responsible for any medical expenses that arise as a result of my participation.
* I understand that I am financially responsible for any and all injuries sustained during the tryout process.