

**Bemidji State University
Athletic Department
Walk-On/Try-out Medical Authorization Form**

Tryout Date: _____ Location: _____

Name: _____ Sport: _____
Last First MI

DOB: ___/___/___ SSN: _____-_____-_____

Local Address: _____

Phone #: _____ (Local/Cell) Email: _____

Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Have you had a medical examination administered by a physician within the last 6 months?
Yes _____ No _____ **(A copy of that medical exam along with this form must be on file before any try-out occurs)**

Please provide information on any past injuries/illnesses and provide approximate dates for each.

Strains/Sprains: _____

Concussion: _____

Fractures: _____

Surgeries: _____

Illnesses/Medical Conditions: _____

Insurance Information (A copy of your insurance card must be turned in with this form):

Insurance Company: _____

Policy Holder: _____

Group#: _____ ID#: _____

Release and Hold Harmless Agreement

I, _____, hereby waive and release any and all costs, damage,
 Print Full Name
future claims, rights, and course of action occurring in my favor as a result of personal injuries or
property loss while participating, in a try-out , against Bemidji State University, and/or any
members, officials, and/or authorized agents.

I have read and fully understand the above, I certify that all information provided above is true
and correct, and freely sign this Release and Hold Harmless Agreement.

Signature: _____ Date: _____
Signature: _____ Date: _____

Parent's Signature if Student is under 18

Please obtain the following signatures in order of appearance:

Head Coach: _____ Date: _____

Athletic Trainer: _____ Date: _____

Associate AD: _____ Date: _____

**Please turn this form into the Associate AD once completed. The Associate AD will notify
the sport when the student-athlete is permitted to practice.**

For Associate AD use only:

Full-Time Enrollment: _____ NCAA Paperwork: _____

Initial Eligibility: _____ Transfer: _____

Amateurism: _____