



# UHSAA Tryout Checklist Form

For Prospective Student-Athletes, Parents/Guardians & Coaches

To be completed by prospective student-athletes and parents/guardians prior to trying out for a high school team at any level (i.e. varsity, JV, soph, freshman).

Completed forms shall be reviewed by the head coach and athletic director to determine eligibility before being placed securely on file at the school.

**Before completing this form, please carefully read the following information regarding eligibility:**

Initial eligibility is established by attending a high school OR being selected as a member of a high school team. Once a student has established their initial eligibility by attending a high school or being selected as a member of a high school team, they are not eligible to participate at another high school for twelve months from the first day of attendance at the new school or until a "Change of Residence" or "Hardship Waiver" application has been approved by the UHSAA and the school notified (approximately 4-6 week process).

Student's Name

Grade

Date of Birth

Name of the Sport

High School Sponsoring this Sport

School Where You Are Currently Enrolled

**List all schools attended (i.e. junior high or high school, public, private, charter, alternative, home, virtual):**

9<sup>th</sup> Grade

10<sup>th</sup> Grade

11<sup>th</sup> Grade

12<sup>th</sup> Grade

**PART 1-ELIGIBILITY: The prospective athlete must answer the following questions. Check "Yes" or "No."**

- Yes \_\_\_ No \_\_\_ Are you enrolled at or do you attend another school, different than the one sponsoring this sport's team?  
If you answered YES, print the name of the school where you are enrolled: \_\_\_\_\_
- Yes \_\_\_ No \_\_\_ Have you attended another high school in the last 12 months? Print the name(s) of any other high school(s) you attended in the last 12 months: \_\_\_\_\_  
If you answered YES, did the UHSAA approve your "Waiver of Ineligibility" application? Yes \_\_\_ No \_\_\_
- Yes \_\_\_ No \_\_\_ Have you been a member of a high school team at another high school in the last 12 months?  
If you answered YES, list the name(s) of any other high school(s) where you were selected as a member of a team in the past 12 months: \_\_\_\_\_  
If you answered YES, did the UHSAA approve your "Waiver of Ineligibility" application? Yes \_\_\_ No \_\_\_
- Yes \_\_\_ No \_\_\_ Are you a Foreign Exchange Student (J-1 Visa) or an International Student (F-1 Visa)?  
If you answered YES, did the UHSAA approve your participation (Form 4A or 4B)? Yes \_\_\_ No \_\_\_

**Attention Coach & Athletic Director: Follow-up is required on any question marked "Yes" by the prospective player.**

If a prospective athlete is NOT ENROLLED AT YOUR SCHOOL, verify which of the following applies: 1) Do they attend a junior high or middle school? 2) Were they approved by the UHSAA for participation under the Co-Op Rule? 3) Do they attend an alternative, charter or private school or are they home schooled or a full-time online student AND if so, do their parents or legal guardians reside in the boundaries of this school? The charter, home or private school student may only participate in extracurricular activities at the school within whose boundaries the student's parent(s) or legal guardian(s) resides or at the public school from which the student withdrew for the purpose of home schooling or attending a charter or private school (Handbook Article 1 Section 14). **On game day, ineligible players are NOT allowed to be in uniform, warm-up, be introduced or compete for your school.**

**PART 2-RULES: The following section must be completed by the prospective student-athlete.**

As a participant, I will adhere to all UHSAA Rules and By-Laws outlined in the UHSAA Handbook, some of which are included in the commitment statements listed below. After reading through each statement below, CHECK THE BOX as an indication of your understanding and commitment to adhere to the rule as stated.

- I may participate in only one season per sport in any school year. A tryout is considered participation in a sport and an unsuccessful tryout concludes my eligibility for that season. If I do not make this team, I cannot tryout at another school for this same sport during this school year (Article 1, Section 3).
- I establish my initial eligibility by attending a high school OR by trying out for and being selected for membership on a high school team (Art. 1, Sect. 1).
- According to the "Transfer Rule," if I transfer from one high school to another I am **ineligible** to participate in UHSAA athletic activities for **twelve months** from the first day of attendance at the new school (Article 1, Section 9).

- I must meet the scholastic eligibility rules of the UHSAA which include a minimum 2.0 GPA on a 4.0 scale or its equivalent and no more than one failure in the preceding grading period (Article 1, Section 8).
- I will not compete with any non-high school team in this same sport after the competition start date for this sport (Article 1, Section 12). For competition start dates see the UHSAA calendar at [www.uhsaa.org](http://www.uhsaa.org).
- I cannot participate in more than four seasons in any one sport (Article 1, Section 3).
- I must obtain a physical examination prior to competing in any athletic contest (Article 1, Section 13).
- I will conduct myself in a manner that promotes good sportsmanship. I will respect the game and all participants.
- I will not promote, distribute or use illegal substances as defined in Utah Code and the UHSAA alcohol, drugs and tobacco policy (Article 10).
- I cannot participate on a college team or a team that includes professional athletes (Article 1, Section 5 & 6).
- I will not compete for money or accept any cash awards in any organized athletic activity (Article 1, Section 6).
- I could lose eligibility for one full year if involved with recruiting. Recruiting of student-athletes by a member school, coach, coaching staff, boosters or anyone else is considered a serious violation of UHSAA rules regarding the imposition of undue influence for the purposes of athletics.
- I certify that I have not been recruited to attend this school for purposes of athletics.

**PART 3-SPORTSMANSHIP PLEDGE: Read through the UHSAA Sportsmanship Pledge and Sign Below**

## UHSAA SPORTSMANSHIP PLEDGE

I accept the responsibilities that come with the privilege of participating and make a pledge to exhibit appropriate sporting behavior and be a positive role model for my team, school and community.



**I PLEDGE TO:**

1. Play with honesty and integrity, adhering to the rules of the sport and the UHSAA rules, regulations and By-Laws.
2. Demonstrate respect for the game and all those that participate. (i.e. teammates, opponents, coaches, officials, spectators and fans).
3. Display self-control and appropriate behavior when participating and by cheering FOR my team and NOT against the opponent. "Do Rowdy Right!"

## “Raise the Bar” - Sportsmanship Matters!

**Raise-the-Bar is the UHSAA Statewide Sportsmanship Program for all member schools. Together we can make a positive difference in the lives of or students, schools and communities!**

### SIGNATURES REQUIRED BY PROSPECTIVE ATHLETE, PARENT AND COACH

*We hereby certify that we understand the UHSAA By-Laws outlined on this form and agree to abide by these and all others outlined in the UHSAA Handbook located under the "Publications" tab at [www.uhsaa.org](http://www.uhsaa.org). We certify that the student-athlete is eligible to participate in UHSAA activities according to the UHSAA eligibility rules and By-Laws. We also agree to abide by the **SPORTSMANSHIP PLEDGE stated above. We pledge to RESPECT THE GAME AND ALL THOSE PARTICIPATING.***

\_\_\_\_\_  
*Signature of Student-Athlete*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Signature of Coach*

\_\_\_\_\_  
*Date*



# FORM A

## USE THIS FORM FOR INITIAL PHYSICAL EXAM

Instructions for use of pre-participation (athletic)  
Health Examination and Consent Form

Instructions for completing FORM A

### COMPLETING THIS FORM:

1. PLEASE TYPE OR PRINT LEGIBLY
2. Parent/Guardian with the student are to complete the Health History on page 3 of Form A and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms. The Health History is to be taken to the physical examination for the physician/provider to review.
3. Physician/Provider is to complete and sign the Physical Examination form on page 4.
4. Entire completed form is to be returned to school administration.

### SUBMITTING THIS FORM:

1. School personnel should review form to assure it is completed properly.
2. ORIGINAL copy is to be retained in school files.

A health examination must be performed and the Pre-participation Physical Evaluation (FORM A) must be completed before any student may participate in athletic activities sponsored by this Association. Clearance Form (Form B) must be completed by the parent each subsequent year. A re-evaluation physical examination will be required if any changes appear for questions 1-16 on the Health History form (Form B). Forms A and B along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination may be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), Chiropractic Physician (DC), or Registered Nurse Practitioner (RNP) functioning within the legal scope of their practice.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.



# Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on Health Examination Form A or B.

\_\_\_\_\_  
*Name of Student*

\_\_\_\_\_  
*School*

Is the student covered by health/accident insurance?  Yes  No

\_\_\_\_\_  
*Name of health insurance provider*

If no insurance provider, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONSENT FORM

### Parent or Guardian Statement of Permission, Approval, and Acknowledgement:

By signing below, I the parent or legal guardian of the above named student do:

- Hereby consent to the above named student participating in the interscholastic athletic program at the school listed above. This consent includes travel to and from athletic contests and practice sessions.
- Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.
- Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.
- Acknowledge and give consent that a copy of this form will remain in the student's school. I agree that if my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.
- Hereby acknowledge having received education including receiving written information regarding the signs, symptoms, and risks of sport related concussion. I also acknowledge that I have read, understand and agree to abide by the UHSAA Concussion Management Policy and/or the policy of the school listed above. <http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf>

\_\_\_\_\_  
*Parent or Guardian Name*

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

### Student Statement

By signing below I acknowledge:

- This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.
- My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.
- Having received education including receiving written information regarding signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.

# Pre-Participation Physical Evaluation

## Health History

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_

**In case of emergency, contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(H) \_\_\_\_\_ Phone(W) \_\_\_\_\_

Explain "Yes" answers below  
Circle questions you don't know the answers to

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check-up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you have any special or corrective equipment or devices that aren't usually used for your sport or position (examples: knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an on-going or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	• Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or non-prescription (over the counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	• Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	• Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, check appropriate box and explain below.</i>		
• Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
• Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
• Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf
• Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
• Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Foot
• Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	• Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
• Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations:		
• Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____ Measles _____		
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____ Chickenpox _____		
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
• Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. When was your first menstrual period? _____		
• Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
• Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
• Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
• Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXPLAIN ANY YES ANSWERS HERE</b>		
9. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
• Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
• Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

# Pre-Participation Physical Evaluation

## Physical Examination

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (Optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	Normal	Abnormal Findings	Initials*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*Stabon-based examination only

## CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_ MD, DO, PAC, RNP, DC

# Highland High School Athletic Participation

## Player Responsibilities

1. Accept responsibility to maintain all participation eligibility rules. Following UHSAA policies and school policies on grades and grading period deadlines and policies. No student shall be academically eligible if failing more than one subject and having a GPA less than 2.0 from the previous quarter.
2. Must be a full time student.
3. Obtain an annual physical examination prior to athletic participation (UHSAA physical exam form A must be used).
4. Provide appropriate and current health insurance coverage and complete verification form.
5. Pay appropriate participation fees as set by the Board of Education. Football also requires a helmet reconditioning fee. Fees are subject to district fee waiver policy.
6. Attend all classes unless excused (according to school policy). Truancy may result in athletic participation penalties.
7. If participants are not in all classes on game days, players cannot participate without administrative approval.
8. Exemplify good sportsmanship before, during and after competition.
9. Refrain from any use of alcohol, illegal drugs or tobacco at any time or place. Penalties set by UHSAA and SLC School District are enforced.
10. Assume responsibility when using school facilities to help prevent damage, vandalism or theft.
11. Represent Highland high School appropriately in dress, language and conduct at school and away.
12. Travel to and from games on team bus provided. Violations of travel rules may result in participation penalties.
13. Do not participate in any type of hazing or harassment. Hazing is prohibited by law. Students involved in hazing activities will be suspended from school pending imposition of individual and/or team penalties.
14. Participate in a variety of school activities, if desired. Sport specialization is discouraged at highland High School as a manner of school policy.

Student \_\_\_\_\_

Parent \_\_\_\_\_