

# **USI Cheer Team**

**2009-2010**

## **Application Packet**

- 1. Application Form**
- 2. Rules & Regulations**
- 3. Release Form**
- 4. Parent's Insurance Form**
- 5. Medical History Questionnaire**
- 6. Athletic Physical Exam Form**
- 7. Emergency Contact Information Form**

# UNIVERSITY OF SOUTHERN INDIANA CHEER TEAM APPLICATION

NAME: \_\_\_\_\_ Student ID#: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ GPA: \_\_\_\_\_ AS OF \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_

CLASS STATUS: (check one) HIGH SCHOOL SENIOR \_\_\_\_\_ COLLEGE: \_\_\_\_\_

PREVIOUS CHEERLEADING EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INJURIES: \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

ARE YOU EMPLOYED? YES \_\_\_ NO \_\_\_ IF YES, WHERE AND NUMBER OF HOURS PER WEEK: \_\_\_\_\_

\_\_\_\_\_

WHY DO YOU WANT TO BE ON THE USI CHEER TEAM? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TUMBLING SKILLS: standing handspring \_\_\_\_\_ round off handspring \_\_\_\_\_ standing tuck \_\_\_\_\_  
round off tuck \_\_\_\_\_ standing handspring tuck \_\_\_\_\_ round off handspring tuck \_\_\_\_\_

Other \_\_\_\_\_

Stunting Skills: flyer \_\_\_\_\_ base \_\_\_\_\_ back spot \_\_\_\_\_ coed stunting \_\_\_\_\_

I AUTHORIZE THE USI CHEER TEAM HEAD COACH TO VERIFY THAT I HAVE BEEN UNCONDITIONALLY ADMITTED TO THE UNIVERSITY OF SOUTHERN INDIANA AND TO VERIFY ANY OF THE ABOVE INFORMATION DEEMED NECESSARY.

IF I AM CHOSEN AS A MEMBER OF THE USI CHEER TEAM, I AGREE TO ABIDE BY THE RULES OF THE UNIVERSITY OF SOUTHERN INDIANA CHEER TEAM. I ALSO AGREE TO PRACTICE AND PERFORM WITH 110% OF MY ABILITY IN ORDER TO MAKE THE USI CHEER TEAM THE BEST IT CAN POSSIBLY BE. I FURTHER AGREE TO MAKE THE COMMITMENT TO BEING A MEMBER OF THE TEAM FOR THE ENTIRE USI CHEER TEAM YEAR.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

UNDER AGE 18

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# USI CHEER TEAM

## BASIC RULES & REGULATIONS

Cheerleading at USI is a demanding activity and must come first before all other extracurricular activities (fraternities/sororities, school clubs, work, etc.). You are a USI Cheerleader (not just a basketball cheerleader or competition cheerleader), and you are expected to cheer at and be a participant in other athletic/academic social functions as deemed necessary by the coach/assistant coach and/or Dean of Students Office. The primary purpose of the USI Cheer Team is to be a team, which has as its goal the support of intercollegiate athletics and the University of Southern Indiana. That support is directed into three major areas: (1) to lead the cheers; to raise the level of fan support for intercollegiate athletics; to lead in positive vocal support for the team; to solicit that support from USI fans and to project that support to the University and its teams; (2) to participate in the athletic activity known as cheerleading by performing gymnastics, stunts, motions, pyramids, dance movements; to perfect this athletic activity for keeping the crowd's attention/direction focused on the field/floor where the intercollegiate activity is taking place; and for entertainment and competitive purposes; and (3) to serve as a public relations ambassador of intercollegiate athletics and the University, to uphold, reflect, and project the goals and ideals of the University; to appear at University activities, functions, and programs, and at charitable and public causes (not commercial).

**1. GRADES:** You must maintain a minimum cumulative AND semester GPA of 2.0 throughout your academic career. You must also carry a minimum of nine (9) credit hours per semester. If you cannot maintain these minimum requirements, you will be ineligible to participate. For justifiable reasons, the cheer team advisor/coach may recommend an exception to this rule to the dean of students.

**2. NO CLASSES MAY BE TAKEN DURING PRACTICE AND/OR GAME DATES & TIMES,** unless that class is offered in sequence and ONLY once during that specific semester.

**3. WEIGHT REQUIREMENTS:** There are no absolute weight requirements for the cheer team. However, cheer team selections will be based on body composition, athleticism, and skill level.

**4. HAIR AND MAKEUP:** If you have longer hair, it must be pulled away from the face. **Lipstick, makeup, and a bow are required** when in uniform.

**5. PERMANENT TATTOOS/BODY PIERCING: NO TONGUE, EYEBROW, NOSE OR LIP (ETC.) PIERCINGS** are allowed when in uniform. Navel rings are not allowed. If you have a tattoo, your uniform or socks must cover this. Absolutely no studs or any other type of jewelry can be worn while in uniform. Because of safety concerns, there are no exceptions.

**6. PRE-REGISTRATION:** Along with USI's athletes, members of the USI Cheer Team will be given the privilege and convenience of pre-registration for classes, on the very first day of pre-registration. Registration will still go through each cheerleader's own advisor.

**7. PRACTICES:** If you are unable to make a practice due to an acceptable excuse (coach/assistant coach will determine acceptable), you MUST notify the coach/assistant coach BEFORE that practice. If you do not contact the coach/assistant coach within 24 hours prior to practice to inform them of your absence, you will be suspended from events and will have to run. Common courtesy to your coach/assistant coach and to your teammates is expected, and this concept extends to keeping the coach/assistant coach informed of your situation. Please keep in mind that disrespect to the program will not be tolerated.

**8. THE COACH/ASSISTANT COACH IS THE ONLY PERSON ALLOWED TO EXCUSE ABSENCES.** You are allowed ONLY THREE excused absences from practice. If you have absences that are

not excused, you will be suspended from the next game. If you are suspended from a game, you must sit behind the team in uniform!

**9. SICKNESS IS NOT AN AUTOMATIC EXCUSED ABSENCE** from practice or games, unless a physician's care is required. For an automatic excused absence, a signed doctor's note is to be obtained and given to the coach/assistant coach PRIOR to the game. If you are under doctor's orders not to practice or cheer, this excuse must BE IN WRITING AND GIVEN TO THE COACH/ASSISTANT COACH. You must also be cleared or released to return to practice or cheer at the next game.

**10. HOME GAMES ARE NOT EXCUSED.** If you miss a home game for any reason other than what is deemed acceptable by the coach/assistant coach, you will be suspended from a game.

**11. MORE THAN TWO UNEXCUSED ABSENCES** from a game will result in suspension from the team.

**12. YOU ARE EXPECTED TO GIVE 100% DURING PRACTICES AND GAMES.** If you are unable or unwilling to meet this expectation, you will be removed immediately from the squad. Laziness is detrimental to the core of the team. Excessive socialization during practice and games is not acceptable.

**13. COMPETITION:** The competition squad will be chosen after October 1. Those wishing to compete at the collegiate level must demonstrate the desire, skills, work ethic and dedication to do so. Those chosen for the competition squad will be given a separate set of guidelines and expectations. If you are chosen for the competition squad, you are to compete.

**14. OTHER EVENTS:** You will be expected to participate in a limited number of other events chosen by the coach/assistant coach. If you do not participate in those events and you do not have an excused absence, your coach/assistant coach will determine the consequences.

**15. BASKETBALL:** According to the men's basketball ranking, it might be especially important that we attend certain away games. Other away games are optional as determined by the coach/assistant coach. The squad and coach will decide on which of these optional games to attend. Cheer team members traveling to cheer away games will be provided with meal money and transportation. You must notify the cheer coach/assistant coach at least one week in advance if you will not be able to attend these away games.

**16. THE UNIVERSITY PROVIDES TRAVEL TO AWAY GAMES.** Due to liability issues, all members of the cheer team **MUST** ride to and from the games in vehicles provided by the University. All exceptions, such as coming from your home or with your parents, must be approved by the coach/ assistant coach.

**17. SQUAD MEMBERS WILL BE EXPECTED TO ATTEND CHEER FUNCTIONS** during semester and holiday breaks. A detailed calendar will be discussed and approved by the coach/assistant coach and tem and will be given to team members well in advance.

**18. ALCOHOL:** If you come to a practice or game "drunk" or "hung over," you will be suspended form the team indefinitely. Legal drinking age in the state of Indiana is 21. The University will not tolerate the violation of state alcohol or drug laws or the irresponsible consumption of alcohol by any member of the cheer team. There is a zero tolerance for drinking on any trips provided by the school, as well.

**19. INTERNET USE:** If you post unacceptable pictures on Face Book, My Space, or any other social website, you will receive one verbal warning from the coach. The second infraction will result in dismissal from the team.

**20. TOURNAMENT:** If either basketball team reaches post-season tournament play, only twelve (12) members of the squad will be allowed on the floor at any one time. If a team advances past the first game, the coach/assistant coach will determine who will cheer for the following games.

**21. IF YOU ARE SUSPENDED OR REMOVED FROM THE USE CHEER TEAM** for any reason, you may not request to try out for a period of one year from the suspension/removal date. If you leave the team due to financial, academic, or medical reasons, you may request to try out for the USI Cheer Team the next academic year, assuming you meet the requirements at the time of tryouts. Consent of both the coach/assistant coach and dean of students must be obtained as an exception to this rule.

**22. CONDITIONING:** For safety considerations, you will be required to keep yourself in the best possible condition at all times. The squad will condition together during regular practice sessions for the duration of the year. Length and type of conditioning will be determined by the coach. Any team member missing ANY conditioning will then be responsible for additional conditioning as assigned.

**23. FINANCIAL OBLIGATION:** All team members need to understand and assume the financial obligations associated with the USI Cheer Team.

- **Shoes:** \$50-\$75 for cheer shoes. These shoes are not to be worn outside of practice and games!
- **Cheer Camp:** \$85-\$150 for a four-day camp. The University contributes a sizeable amount toward camp, usually half. The amount listed above may be the amount each cheerleader is responsible for contributing, depending on location and cost of the camp chosen.
- **Bodyliners/bloomers:** \$75 to last throughout the season.
- **Nationals:** \$650 for the entire trip. This includes airfare, accommodations, registration, and some meals/ entertainment. This cost is for the competition squad only.
- **Bows:** \$10
- **Cheer Shirts:** \$30
- **Shorts:** \$30
- **Warmups:** \$75

\*We make every attempt to keep costs down. Please DO NOT let these expenses weigh in your decision to try out for the USI program. We understand very well that individuals might not be able to afford all expenses. We make every attempt to help those needing financial help.

\*All of the above costs are approximate and subject to change.

**24. FUNDRAISING:** All members of the USI Cheer Team are required to participate in all team fundraisers. In addition to the cheer team's budget provided by the University, several fundraisers will be organized to help all cheerleaders offset costs. Every member is expected to participate in some capacity, or choose to pay some of these costs up front to assure commitment level. Any questions or further clarification of the rules can be directed to the cheer coach/assistant coach.

**25. WOMEN'S GAMES:** In the past we have split into two randomly-chosen teams, such as a red/blue team. We alternate between the red/blue team to cheer the women's home games. We do not cheer women's away games, unless at tournament time. In advanced notice, the coach/assistant coach will determine who will be going to the women's tournament.

**26. FORMS:** You cannot practice or participate in events until the following forms have been properly signed and turned in to the Dean of Students Office:

- Physical
- Medical History
- Insurance
- Emergency Card
- Cheer Team Application
- Cheer Team Release

- Acknowledgement Form

**27. SUMMER CAMP:** Summer camp is a required event! It is not optional.

**28. SCHOLARSHIPS:** In previous years we have awarded only a certain number of scholarships based on skills, GPA and leadership. These scholarships are determined by the coach/assistant coach, and the candidates may be selected at any time during the year. We are in the process of getting more scholarships or book stipends in the near future.

**29. GENERAL:** Cheer members will not attempt gymnastics or stunts not sanctioned by the AACCA Safety Guidelines and without proper instruction. Also, any partner stunts or gymnastics must be demonstrated before the coach/assistant coach and approved before use in a game.

**30. UNIFORMS:** The USI Cheer Program gets uniforms whenever their year is delegated. When it is our year to receive uniforms, the University pays for the majority of costs. We switch on and off years with other support groups.

**31. AWARDS:** We have an annual end-of-the-year banquet in March/April.

You are signing and agreeing that you have read all of the rules and regulations and you promise to abide by these rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# UNIVERSITY OF SOUTHERN INDIANA CHEER TEAM RELEASE FORM

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

I certify that I do and/or will meet all of the following requirements:

1. My academic standing and GPA will be verified by the USI Cheer Team Coach. My high school or collegiate cumulative GPA is 2.0 or above, and I have been unconditionally accepted for admission to the University of Southern Indiana. I am not on academic or disciplinary probation. I understand that failure to meet any of the above requirements will result in my being ineligible to try out.
2. If selected to serve on the USI Cheer Team, I will maintain a 2.0 semester and cumulative GPA and will remain in good standing with the University while enrolled in and completing at least nine (9) academic hours. I understand that my failure to meet this requirement will result in my becoming ineligible to participate as a member of the USI Cheer Team. The USI Cheer Team Coach and the Dean of Students will review any extenuating circumstances.
3. I have no health or physical defects that would hamper my ability to perform as a USI Cheer Team member or which might cause participation in the Cheer Team to be unsafe to my health. If selected I will provide a physician-signed and -administered physical examination, insurance information, and other documentation as requested by USI, before the first scheduled Cheer Team practice session.
4. I acknowledge that all team members need to understand and assume the financial obligations associated with the USI Cheer Team. Those obligations may amount to as much as \$1,000 per academic school year.
5. I understand and recognize that certain risks of harm are inherent and that there are dangers involved that cannot be fully foreseen and over which the University has no control, which could result in bodily injury or death.
6. I do hereby waive any and all rights and claims against the University of Southern Indiana, its Trustees, officers, agents and employees, arising in or out of my participation in the USI Cheer Team; and do further agree to indemnify and save harmless the University of Southern Indiana, its Trustees, officers, agents and employees of and from any liability whatsoever arising from injuries suffered by me as a participant of the USI Cheer Team during events including, but not limited to, athletic games, events, camps, practice sessions and travel.
7. I further understand and agree that the University of Southern Indiana shall provide only emergency medical treatment for any injuries suffered by me while participating in the USI Cheer Team, and I assume full responsibility over and above any medical expense not provided by insurance.

Furthermore, I understand and agree that:

1. Becoming a member of the USI Cheer Team requires a **MAJOR PERSONAL COMMITMENT** of my non-academic time. Attendance at practices and at games is not excusable by any other non-academic activities, **including work**.
2. I am required to adhere to all rules and regulations specified by the USI Cheer Team Constitution and the USI Student Code of Conduct. I further understand that I am to abide by the rules established for conduct and performance at practices, games, competition, and special appearances set by the coach at the beginning of the season.
3. I am required to participate in all scheduled games, practice sessions, team meetings, tryouts, projects, competition, pep rallies, dinners, cheer camps, fund raisers and other activities as designated by the coach and Dean of Students Office.
4. I must meet all of the academic requirements and remain in good standing with the University. Failure to do so will result in my being ineligible to continue my participation as a member of the USI Cheer Team.
5. Becoming a member of the USI Cheer Team is a commitment to all athletic and community activities as approved by the coach and dean of students.
6. I understand that if for any reason I decide to discontinue cheering on the USI Cheer Team, I will address my teammates and coaches to notify them of my decision in a timely and respectful manner.
7. I understand and accept that failure to meet any of the above items will result in my being ineligible to continue my participation as a member of the University of Southern Indiana Cheer Team.
8. I accept and understand that as many as 30 – 40 member(s) can be selected.  
***The decision of the coach will be final!***

I hereby represent that I am 18 years of age or older and am otherwise competent to execute this instrument, or that my legal guardian is also signing this agreement. This agreement is signed as my free and voluntary act, with full knowledge of content thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Under 18

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide an emergency contact and any appropriate medical information:

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

**PARENT'S INSURANCE FORM School Year \_\_\_\_\_**

**Athlete's Name** \_\_\_\_\_ **Student ID#** \_\_\_\_\_  
**Sport** \_\_\_\_\_ **School** \_\_\_\_\_

Dear Parent:

Our athletic accident policy, which provides insurance for your son or daughter for injuries occurring while participating in the play or practice of intercollegiate sports is 'EXCESS' or 'SECONDARY' to any other collectible group insurance benefits. This means that any claim for benefits must first be filed with the group insurance company providing coverage to your son or daughter through your employer or your spouse's employer. After they have paid all available benefits, our athletic insurance company will consider remaining amounts based on USUAL and CUSTOMARY charges.

WE, AS THE SCHOOL, **DO NOT** HAVE THE OPTION OF WAIVING THE REQUIREMENT OF FILING WITH YOUR GROUP INSURANCE. PLEASE NOTE:

1. Most employers' group insurance allows dependent coverage to be continued to age 25 if the dependent is a full-time student. **DO NOT** drop dependent coverage while your son or daughter is participating in intercollegiate athletics.
2. Claims against your group insurance plan **DO NOT** increase your individual insurance premiums.

**THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED;** please circle the individual listed as the insured on your primary/personal plan and complete all requested information..

**Father/Guardian/Spouse/Self** (circle one) Date of Birth: \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_  
Name of Group \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
Mailing Address for Claims \_\_\_\_\_ Telephone # \_\_\_\_\_  
IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES \_\_\_\_\_ NO \_\_\_\_\_  
Does your insurance require: A second opinion for surgery? YES \_\_\_ NO \_\_\_ Is your primary insurance an HMO? YES \_\_\_ NO \_\_\_  
Pre-authorization for services? YES \_\_\_ NO \_\_\_ Is your primary insurance a PPO? YES \_\_\_ NO \_\_\_

**Mother/Guardian/Spouse/Self** (circle one) Date: of Birth: \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_  
Name of Group \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
Mailing Address for Claims \_\_\_\_\_ Telephone # \_\_\_\_\_  
IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES \_\_\_ NO \_\_\_  
Does your insurance require: A second opinion for surgery? YES \_\_\_ NO \_\_\_ Is your primary insurance an HMO? YES \_\_\_ NO \_\_\_  
Pre-authorization for services? YES \_\_\_ NO \_\_\_ Is your primary insurance a PPO? YES \_\_\_ NO \_\_\_

\_\_\_\_\_ I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained by \_\_\_\_\_.

\_\_\_\_\_ My son/daughter is **NOT** covered under my group insurance.

I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. A photostatic copy of this authorization shall be considered as effective and valid as the original.

**Date** \_\_\_\_\_ **Signature of Parent/Guardian/Self** \_\_\_\_\_

**SCHOOL YEAR: \_\_\_\_\_ UNIVERSITY OF SOUTHERN INDIANA  
ATHLETIC TRAINING  
MEDICAL HISTORY QUESTIONNAIRE**

Please answer every question below. This will enable us to serve you better, know more about your medical background, as well as give you the best possible medical care and continuation of service. If the space provided to answer questions is not adequate, attach a sheet with additional information.

**PLEASE PRINT**

Name \_\_\_\_\_ Student ID # or SS # \_\_\_\_\_

Last/Family First Middle/Maiden

Sex M F Date of Birth \_\_\_\_\_ USI Participation Year 1 2 3 4 5

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Street

City

State

Zip

Campus Address \_\_\_\_\_ Campus Phone # \_\_\_\_\_

Marital Status \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Candidate for Sport(s) \_\_\_\_\_

YEAR OF LAST TETANUS SHOT \_\_\_\_\_

Do you regularly take prescription or non-prescription medication? If yes, please list medication and reason.

Medication \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Reason \_\_\_\_\_

**RECOGNITION OF MEDICAL AUTHORITY**

In the event of injury to the undersigned student while he or she is a athlete at the University of Southern Indiana, we hereby recognize the authority of the team physician to determine the athlete's playing status with regards to his or her injury. By signing this statement the athlete does not surrender his or her right to seek additional medical opinions.

Dated this: \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

STUDENT: \_\_\_\_\_

Signature

PARENT/

GUARDIAN: \_\_\_\_\_

Signature

**Without signed recognition of medical authority students will receive only emergency care from the athletic trainers.**

**IN CASE OF EMERGENCY, PERSON TO NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

HOME PHYSICIAN, HEALTH CLINIC OR FACILITY: Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

**If answer is yes to any of questions 4-26, list dates and nature of problem on an attached sheet.**

**YES NO**

- \_\_\_ \_\_\_ 1. Do you wear eye glasses or contact lenses? If yes, which? Eyeglasses \_\_\_\_\_ Contacts \_\_\_\_\_  
Do you wear them during athletic participation? Yes No
- \_\_\_ \_\_\_ 2. Are the pupils of your eyes unequal in size? If so, which is larger? R L
- \_\_\_ \_\_\_ 3. Do you wear any dental appliance? If answer is yes, underscore appropriate appliance:  
permanent bridge, permanent crown or jacket, removable partial or full plate.
- \_\_\_ \_\_\_ 4. Have you had hepatitis during the past three (3) years?
- \_\_\_ \_\_\_ 5. Have you been treated for mononucleosis, or vital pneumonia during the past three years?
- \_\_\_ \_\_\_ 6. Have you been treated or informed by a physician that you have had scarlet fever or rheumatic fever?
- \_\_\_ \_\_\_ 7. Have you been told that you have a heart murmur?
- \_\_\_ \_\_\_ 8. Have you had any illness requiring bed rest of one week or longer during the past year?
- \_\_\_ \_\_\_ 9. Have you been "knocked out" or experienced a concussion? If so, were you hospitalized overnight?
- \_\_\_ \_\_\_ 10. Have you had a jammed neck, pinched nerve, whiplash, or severe headache?
- \_\_\_ \_\_\_ 11. Do you have a serious disability or impairment function?
- \_\_\_ \_\_\_ 12. Have you had a broken bone (fracture) or a joint dislocation?
- \_\_\_ \_\_\_ 13. Have you had a shoulder injury that incapacitated you?
- \_\_\_ \_\_\_ 14. Have you experienced a severe elbow injury?
- \_\_\_ \_\_\_ 15. Have you had a knee injury with severe swelling, or been told that you injured knee ligaments, knee cartilage or that you have a trick knee?
- \_\_\_ \_\_\_ 16. Have you experienced a severe sprain of either ankle?
- \_\_\_ \_\_\_ 17. Have you had surgery? Do you have a pin, screw, or plate somewhere in your body as a result of surgery? \_\_\_\_\_
- \_\_\_ \_\_\_ 18. Have you ever failed to have surgery which was recommended by your physician?
- \_\_\_ \_\_\_ 19. Have you had an injury to your back? Do you think your back is weak? \_\_\_\_\_
- \_\_\_ \_\_\_ 20. Do you experience pain in your back? If yes, indicate frequency by underscoring the appropriate answer: seldom, occasionally, frequently
- \_\_\_ \_\_\_ 21. Have you been hospitalized for non-surgical reason?
- \_\_\_ \_\_\_ 22. Have you been advised by a medical doctor not to participate in sports?
- \_\_\_ \_\_\_ 23. Are you allergic to any substances? example: medication, foods, insects  
Please list: \_\_\_\_\_
- \_\_\_ \_\_\_ 24. Are you prone to any conditions such as blisters or shin splints?
- \_\_\_ \_\_\_ 25. WOMEN - Do you experience problems with menstruation? Yes No
- \_\_\_ \_\_\_ 26. Do you have an intense fear of gaining weight? Yes No

Have you had or do you now have any emotional or medical problem not mentioned in this questionnaire?

Please specify problem, date and treatment. \_\_\_\_\_

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**UNIVERSITY OF SOUTHERN INDIANA ATHLETICS PHYSICAL EXAM**

**SCHOOL YEAR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SPORT:** \_\_\_\_\_

**SEX:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT(lbs) :** \_\_\_\_\_ **PULSE:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_

**VISION:** Are corrective lenses worn? Y \_\_\_ N \_\_\_

R \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_ (with corrective lenses in) Pass \_\_\_\_\_ Needs further evaluation \_\_\_\_\_

Comments:

**GENERAL SCREENING**

| <b>SYSTEM</b>                | <b>NORMAL</b> | <b>ABNORMAL</b> | <b>COMMENTS</b> |
|------------------------------|---------------|-----------------|-----------------|
| <b>EYES</b>                  |               |                 |                 |
| <b>EARS/NOSE/<br/>THROAT</b> |               |                 |                 |
| <b>HEAD/NECK</b>             |               |                 |                 |
| <b>LYMPHATICS</b>            |               |                 |                 |
| <b>THORAX</b>                |               |                 |                 |
| <b>ABDOMEN</b>               |               |                 |                 |
| <b>HEART</b>                 |               |                 |                 |
| <b>LUNGS</b>                 |               |                 |                 |
| <b>HERNIA</b>                |               |                 |                 |
| <b>NEURO</b>                 |               |                 |                 |
| <b>OTHER</b>                 |               |                 |                 |

**PARTICIPATION LEVEL (please check one)**

\_\_\_\_\_ **PASS (full, unlimited participation)**

\_\_\_\_\_ **LIMITED** reason and limitations: \_\_\_\_\_

\_\_\_\_\_ **FAILED (no participation)** reason: \_\_\_\_\_

**PHYSICIAN NAME (please print)** \_\_\_\_\_

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ORTHOPEDIC SCREENING**

| <b>BODY PART</b>             | <b>NORMAL</b> | <b>ABNORMAL</b> | <b>COMMENTS</b> |
|------------------------------|---------------|-----------------|-----------------|
| <b>NECK</b>                  |               |                 |                 |
| <b>SHOULDERS</b>             |               |                 |                 |
| <b>ELBOW/WRIST/<br/>HAND</b> |               |                 |                 |
| <b>UPPER BACK</b>            |               |                 |                 |
| <b>LOWER BACK</b>            |               |                 |                 |
| <b>HIPS</b>                  |               |                 |                 |
| <b>KNEES</b>                 |               |                 |                 |
| <b>ANKLES</b>                |               |                 |                 |
| <b>FEET</b>                  |               |                 |                 |
| <b>OTHER</b>                 |               |                 |                 |

**FLEXIBILITY** (please note if normal or abnormal and note any deficits in space given)

**UPPER EXTREMITIES:**

**LOWER EXTREMITIES:**

**PARTICIPATION LEVEL** (please check one)

\_\_\_\_\_ **PASS** (full, unlimited participation)

\_\_\_\_\_ **LIMITED** reason and limitations: \_\_\_\_\_

\_\_\_\_\_ **FAILED** reason: \_\_\_\_\_

**ORTHOPEDIC PHYSICIAN NAME** (please print) \_\_\_\_\_

**ORTHOPEDIC PHYSICIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# EMERGENCY INFORMATION CARD

**SCHOOL YEAR** \_\_\_\_\_

**STUDENT/ATHLETE NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**CAMPUS PHONE #** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_

## IN CASE OF EMERGENCY, PERSON TO NOTIFY

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**PRIMARY INSURANCE PERSON'S NAME** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**INSURANCE COMPANY** \_\_\_\_\_

**POLICY #** \_\_\_\_\_ **GROUP #** \_\_\_\_\_

**SECONDARY INSURANCE PERSON'S NAME** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**INSURANCE COMPANY** \_\_\_\_\_

**POLICY #** \_\_\_\_\_ **GROUP #** \_\_\_\_\_

**YEAR OF LAST TETANUS SHOT** \_\_\_\_\_

**EXISTING MEDICAL CONDITIONS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

\_\_\_\_\_

**REGULAR MEDICATIONS** \_\_\_\_\_

\_\_\_\_\_