

**The College of William and Mary**  
**Division of Sports Medicine**  
**221-3407**

Those athletes not listed on the official team roster as of August 1st must apply for medical clearance under the one of the two try out procedures.

**Single Day Limited Try-out**

A Single Day Try-out is designed as an opportunity for a coach to evaluate a student-athlete's skills and ability while not participating with team members or activities with the team. Prior to involvement in any athletic activity the coach must review with the student the Acceptance of Risk/Liability Waiver—Single Day Tryout and inquire as to the students current health status and physical ability to engage in physically demanding activities. No medical clearance or physical examination of the student has occurred prior to the try-out. To complete the Waiver follow the steps to follow.

The coach must insure that the student initial after letter "b" on the written form. You must review the Try Out procedures, physical expectations during the Try Out and inquire as to their current health status and their physical ability to participate in this Try Out. The coach must sign the bottom and keep the signed waiver on file during the one day try out period.

A student is not entitled to the facilities or services of the athletic training room during a try out period, except for emergency care. Once the student has made the team and been medically cleared for participation, full athletic training services will be provided.

**14 Day Try-out Period**

A 14 Day Try out period is designed as an opportunity for a coach to evaluate a student's athletic skills and ability while participating with the team. Before a student engages in any physical activities, they must complete the medical clearance process cited below, *which will involve them paying for a physical by a physician*. The try out waiver allows activity for a **14** consecutive day period only. Additionally, per NCAA rules, to be eligible to participate in organized practice sessions, a student-athlete must be enrolled in a minimum full-time program of studies at the certifying institution (Bylaw 14.1.8.1). The Compliance Office must certify this prior to any participation in a team practice by a student not listed on the squad list.

**Medical Clearance Process for Try Outs**

To begin the medical clearance process, may take up to five (5) working days to complete:

1. The student-athlete must report to the William and Mary Hall athletic training facility between 9:00 a.m. and 2:00 p.m. with a signed Try-Out Acceptance of Risk/Liability Waiver—14 Day Tryout. No student-athlete will be processed without a signed waiver.
2. The student-athlete must obtain an Athletic Participation Physical Form from either the athletic training facility or the sports medicine website at [www.wm.edu/sportsmedicine](http://www.wm.edu/sportsmedicine) and take it to a physician to be completed. Any costs incurred as a result of the completion of this form are the sole responsibility of the student-athlete.
3. The student-athlete must submit the Athletic Participation Physical Form to the Division of Sports Medicine. Then the Student-Athlete will be seen by a W&M physician or nurse practitioner for review of the form, which *will involve a fee at the Student Health Center*. Coaches are not allowed to send student-athletes directly to Student Health Center for clearance.
4. The student-athlete may require further evaluation at the Student Health Center or by another health care provider. Following their appointment, the student-athlete must report directly to the athletic training facility with a signed clearance card from a physician or nurse practitioner.

Again, a student is not entitled to the facilities or services of the athletic training room, except for emergency care during the try out period.

**Once the coach decides to Add the student-athlete**

1. The coach must submit a roster addition form to the Compliance Office, which will be circulated to necessary parties throughout the Athletics Department. This form adds a student to your squad list for the remainder of the academic year and only the student's status can change from this point forward (i.e. quit, graduated, dismissed from team, etc.).
2. The student-athlete must submit current up-to-date primary medical insurance information. The insurance information letter, the secondary insurance questionnaire and information pamphlet, will be mailed to the parents at the expense of the respective sport.

**College of William and Mary Athletic Department  
14 Day Try Out  
Acceptance of Risk/Liability Waiver**

Sport: \_\_\_\_\_

- a. I certify that I have a current, up to date physical on file at the Division of Sports Medicine at the College of William and Mary. The information and answers to that physical examination are correct, true and honest.
- b. I understand that having passed the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me. I do not have any medical or emotional condition which could endanger my health and well being by engaging in strenuous activity.  
**(athlete's initials)**
- c. I understand and accept the risks of injury, permanent disability, and death inherent in this sport. By signing below I pledge to do my best to reduce these risks by keeping in the best physical condition and following the advice of the attending physician, athletic trainer, and coach concerning the prevention, treatment and rehabilitation of athletic injuries.
- d. I grant permission to the Sports Medicine staff to hospitalize and secure treatment for me for any athletic injuries.
- e. I give the Sports Medicine staff, the Student Health Center staff and all consulting physicians my permission to exchange, written or orally, any information concerning any injuries or illness with the other.
- f. I am not entitled to the facilities or services of the athletic training room during the try out period, except for emergency care.

I, the undersigned, have read and understand this Acceptance of Risk/Liability Waiver and agree to follow any advice and procedures set forth. I also hereby release the College of William and Mary, its agents and employees, from any liability caused by, or arising out of participation in the College's athletic program, unless solely caused by the negligence of the College, its agents or employees.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's signature

\_\_\_\_\_  
W&M Student ID #

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**To be Completed by the coach conducting the Try Out**

I, the undersigned, have reviewed the **14 Day Try Out** procedures and physical expectations during the Try Out with this individual. I have also inquired as to this individual's current health status and their physical ability to participate in this Try Out.

\_\_\_\_\_  
Coach's signature

\_\_\_\_\_  
Date

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**To be Completed by the Director of Compliance PRIOR to the start of the 14-day try out period.**

- Student is currently enrolled in a minimum full-time program of studies at William & Mary.

\_\_\_\_\_  
Director of Compliance

\_\_\_\_\_  
Date

**College of William and Mary Athletic Department**  
**Single Day Try Out**  
**Acceptance of Risk/Liability Waiver**

Sport: \_\_\_\_\_

By signing below:

- a. I understand and accept the risks of injury, permanent disability, and death inherent in this sport.
- b. I grant permission to the Sports Medicine staff to hospitalize and secure treatment for me for any injuries that may occur during the try-out.
- c. I give the Sports Medicine staff, the Student Health Center staff and all consulting physicians my permission to exchange, written or orally, any information concerning any injuries or illness with the other.
- c. I am not entitled to the facilities or services of the athletic training room during the try out period, except for emergency care.

I, the undersigned, have read and understand this Acceptance of Risk/Liability Waiver and agree to follow any advice and procedures set forth. I also hereby release the College of William and Mary, its agents and employees, from any liability caused by, or arising out of participation in the College's athletic program, unless solely caused by the negligence of the College, its agents or employees.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's signature

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**To be Completed by the coach conducting the Try Out**

I, the undersigned, have reviewed the **Single Day Try Out** procedures and physical expectations during the Try Out with this individual. I have also inquired as to this individual's current health status and their physical ability to participate in this Try Out.

\_\_\_\_\_  
Coach's signature

\_\_\_\_\_  
Date

**College of William and Mary Athletic Department  
Strength and Conditioning Center**

**Acceptance of Risk/Liability Waiver**

- a. I certify that I have a current, up to date physical on file at the Division of Sports Medicine at the College of William and Mary. The information and answers to that physical examination are correct, true and honest.
- b. I understand that having passed the physical examination does not necessarily mean that I am physically qualified to engage in strength and conditioning activities, but only that the examiner did not find a medical reason to disqualify me. I do not have any medical or emotional condition which could endanger my health and well being by engaging in strenuous activity. \_\_\_\_\_ **(student's initials)**
- c. I understand and accept the risks of injury, permanent disability, and death inherent with strength and conditioning activities. By signing below I pledge to do my best to reduce these risks by keeping in the best physical condition and following the advice of the Strength and Conditioning staff concerning the prevention of injuries and proper lifting and conditioning techniques and methods.
- d. I grant permission to the Strength and Conditioning staff to hospitalize and secure treatment for me for any injuries.
- e. I give the Strength and Conditioning staff, the King Student Health Center staff and all consulting physicians my permission to exchange, written or orally, any information concerning any injuries or illness with the other.
- f. I am not entitled to utilize the facilities or services of the Strength and Conditioning Center other than during scheduled times and under the supervision of the strength and conditioning staff.

I, the undersigned, have read and understand this Acceptance of Risk/Liability Waiver and agree to follow any advice and procedures set forth. I also hereby release the College of William and Mary, its agents and employees, from any liability caused by, or arising out of participation in the College's athletic program, unless solely caused by the negligence of the College, its agents or employees.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's signature