

OKLAHOMA CHRISTIAN UNIVERSITY

UNIVERSITY ATHLETIC PRE-PARTICIPATION CHECKLIST

- Pre-Participation Physical Exam Form
- University Athletic Waiver

PLEASE NOTE: Each form must be completed and returned to your Coach, who must verify your eligibility, prior to participating in any form of meetings, instruction, practice, or competition.

—ALL FORMS MUST BE COMPLETED IN BLUE OR BLACK INK—

Oklahoma Christian University – Pre-Participation Physical Exam

Name _____ DOB _____

Height _____ Weight _____ Pulse _____ BP ____/____ Year: FR, SO, JR, SR, 5th YR SR

Medical	Normal	Abnormal	Initials	Musculoskeletal	Normal	Abnormal	Initials
Appearance				Neck			
Eyes/Ears/Nose/ Throat				Back			
Lymph Nodes				Shoulder/arm			
Heart				Elbow/Forearm			
Pulses				Wrist/Hand/ Fingers			
Lungs				Hip/Thigh			
Abdomen				Knee			
Genitourinary (Males Only)				Leg/Ankle			
Skin				Foot/Toes			

Notes: _____

Recommendations: _____

Necessary Labs/X-Rays: _____

Clearance Status:

Not Cleared Reason(s): _____

Cleared Clearance Date: _____

Name of Physician (print): _____ Date _____

Signature of Physician: _____ DO, MD, PA-C

OC requires a DO, MD or PA-C to perform this pre-participate exam. Please be sure to note your credential above.

— ALL FORMS MUST BE COMPLETED IN BLUE OR BLACK INK —

OKLAHOMA CHRISTIAN UNIVERSITY

UNIVERSITY ATHLETIC WAIVER FORM

I, _____, certify that I am a full-time student (enrolled in at least 12-hours) at Oklahoma Christian University and I am being allowed to try out for the University's _____ team. I acknowledge that I am aware of the inherent risks associated with participation in the aforementioned sport, and hereby waive, release, and discharge Oklahoma Christian University, its agents, the athletic department, and athletic training services (hereinafter referred to as OC), from any and all liability and responsibility in the event I become injured as a result of my participation, and that I will not hold OC responsible for any aggravation of any pre-existing injuries prior to or during my participation.

In consideration for being granted the opportunity to participate in the aforementioned program, I am willing to assume those risks, including but not limited to, risk of accidental injury which may result in loss of personal property, bodily injury, or even death. I choose to participate as described above, and acknowledge that I am not required to do so for academic credit or any other aspect of my formal education program at OC.

I recognize that OC is not, and cannot be aware of my existing or potential physical problems at this time. I further recognize that OC has advised me to have a physical examination before tryouts and/or participation. I hereby represent that I am in physical condition that allows me to participate without any unreasonable risk of harm to myself or others.

Further, I declare by my signature below that:

1. I assume full responsibility for all risks associated with my choices as describe above;
2. I declare that OC, its employees, its agents, trustees, or its assigns will not be held liable for any damages or injuries to me or my property which may occur during my participation or arise from my choices regarding participation as described above;
3. I declare that I will hold harmless OC, its employees, trustees, and its agents for any claims, including claims by third-parties, and for all costs (including attorney's fees and damages) associated with defense of any claims arising out of my choices as described above;
4. I declare that my signature is similarly intended to bind my family members, spouse, heirs, assigns, and personal representatives.

I am at least 18 years of age and fully competent; and I execute this agree for full, adequate and complete consideration, fully intending to be bound by same.

Student-Athlete (Signature)

Date