

INDIVIDUAL ATHLETIC PROFILE FOR MIXED COMPETITION

PLEASE TYPE OR PRINT

PART I: School Information

Date: _____

District _____ Superintendent _____

City _____ Direct of PE _____

School Physician _____

Family Physician _____

Physical Education Teacher _____

PART II: Pupil Information

Previous mixed competition: YES ____ NO ____ What sport and level? _____

Name _____

Age ____ Grade ____

Sport and level being requested?

PART III: Physical Education and Medical History

Is the pupil enrolled in regular physical education without restrictions?

YES ____ NO ____ If NO, Explain _____

History of conditions, injuries or illness that would be restricting?

YES ____ NO ____ If YES, Explain _____

PART IV: Physical Data

Weight ____ lbs. Height: Feet ____ Inches ____ Maturity Level ____

Body Type () Mesomorph: ____ Endomorph: ____ Ectomorph: ____

Comments:

PART V: Athletic Performance Test Scores

Shuttle Run (nearest tenth) 1/10 seconds _____

Stomach Curls (one for each completed movement) number _____

One Mile Run/500 Yard Swim (minutes and nearest second) _____

Pull Ups or Right Angle Push Ups (# completed every 3 seconds) _____

V-Sit Reach or Sit & Reach (feet and inches to nearest inch) _____

PART VI: Panel Decision

Approved for try out: _____ YES _____ NO

Reason(s) _____

PANEL MEMBERS:

School Physician (print or type name) _____

Signature _____

Physical Education Teacher(print or type name) _____

Signature _____

Family Physician (print or type name) _____
(or other appointee)

Signature _____