

INDIVIDUAL ATHLETIC PROFILE FOR MIXED COMPETITION

PLEASE TYPE OR PRINT

PART I: School Information Date: _____

District _____ Superintendent _____

City _____ Director of P.E. _____

School Physician _____

Family Physician _____

Physical Education Teacher _____

PART II: Pupil Information

Previous mixed competition ___ YES ___ NO

What sport and level? _____

Name _____

Sport and level being requested?

Age _____ Grade _____

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 (check) Mesomorph: _____ Endomorph: _____ Ectomorph: _____

Comments:

PART V: Athletic Performance Test Scores

Shuttle Run _____ Stomach Curls _____

Long Jump _____ 50 yard dash _____

Flexed Arm Hang _____ 1.5 mile run _____

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 _____