

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 _____

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 (See

Appendix B) _____ Body Type (check) Mesomorph: _____ Endomorph:

_____ Ectomorph: _____ Comments:

PART V: Fitness Test Scores

Curl-Ups: _____ Upper Body (Pull-ups or Pushups) _____

Shuttle Run: _____ Flexibility: _____

Endurance:

1 mile run _____ Or 500 yard swim _____

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 _____