



Athletic Training
601 Broad Street
LaGrange, Georgia 30240
706 880 8099
706 880 8761 fax
www.lagrange.edu

LaGrange College Athletic Tryout Waiver

Name _____

Sport/ Team: _____

Student ID/SS#: _____ Date of Birth _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Tryout Date: _____

I, _____, desire to try out for a position on the LaGrange College intercollegiate athletic team named above. I understand and assume the accompanying risk of physical injury or death from such athletic activity. I or my heirs, executors, administrators or assigns release LaGrange College, its employees, and representatives, from all claims or liability whatsoever for any injuries, illnesses or death resulting from such athletic tryouts. I have no knowledge of any physical impairment or disability that would be affected by my participation in the upcoming tryout. I understand that I am not, at this point, officially a student-athlete of LaGrange College, therefore, LaGrange College will not be held responsible for any medical bill charges that I might incur as a result of injury.

Student Signature

Date

Parent/Guardian Signature (if athlete is a minor)

Date

****The athlete must have a current physical on file with the LaGrange College Admissions prior to the tryout.****
(NCAA Rule 17.02.12)

Rob Dicks, MA, ATC (rdicks@lagrange.edu)
Erika Kastner, MS, ATC (ekastner@lagrange.edu)
Christy Brown, MPAH, ATC (cbrown@lagrange.edu)