

**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 (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 \_\_\_\_\_