

MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
INDIVIDUAL ATHLETIC PROFILE FOR MIXED COMPETITION
(Please type or print.)

Part I: School Information

Date: _____

District _____ Superintendent _____

City _____ Athletic Director _____

School Physician _____ Family Physician _____

Physical Education Teacher _____

Part II: Student Information

Previous mixed competition? _____ Yes _____ No

Name _____ What sport and level? _____

Age _____ Grade _____ Sport and level being requested? _____

Part III: Physical Education and Medical History

Is the student 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 (Y check): Mesomorph _____ Endomorph _____ Ectomorph _____

Comments: _____

(Continued)

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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 tryout: _____ Yes _____ No

Reason(s) _____

Panel Members:

School Physician (print or type name) _____

Signature _____

Physical Education Teacher (print or type name) _____

Signature _____

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

Signature _____