

**PART V: Physical Data**

Weight: \_\_\_\_\_ lbs. Height: \_\_\_ feet \_\_\_ inches Maturity level: \_\_\_\_\_

Body Type (check): Mesomorph \_\_\_\_\_ Endomorph \_\_\_\_\_ Ectomorph \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*To be completed by Physician**

**PART VI: Athletic Performance Test Scores and comparison with norms**

Shuttle Run \_\_\_\_\_ Norms chart comparison score \_\_\_\_\_

Right Angle Pushup \_\_\_\_\_ Norms chart comparison score \_\_\_\_\_

Stomach Curls \_\_\_\_\_ Norms chart comparison score \_\_\_\_\_

V-Sit Reach \_\_\_\_\_ Norms chart comparison score \_\_\_\_\_

1 Mile Run \_\_\_\_\_ Norms chart comparison score \_\_\_\_\_

Date of Performance Test: \_\_\_\_\_ Administered by: \_\_\_\_\_

**\*To be completed by Depew Lacrosse Club**

**PART VII: Panel Decision**

Approved for tryout: YES \_\_\_ NO \_\_\_

Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*To be completed by Depew Lacrosse Club**

**Panel Members:**

Physician (print or type name) \_\_\_\_\_  
**Signature** \_\_\_\_\_

Director/President (print or type name) \_\_\_\_\_  
**Signature** \_\_\_\_\_

Coach (print or type name) \_\_\_\_\_  
**Signature** \_\_\_\_\_

**Parent Consent:**

I \_\_\_\_\_ (parent) give \_\_\_\_\_ (player) full consent to participate in Boy's Lacrosse for the Depew Lacrosse Club during the 20\_\_ season. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event.

**Parent Signature:** \_\_\_\_\_

Date: \_\_\_\_\_