HOOD COLLEGE

Athletics Participation Forms 2005-06

HOOD ATHLETICS INFORMED CONSENT

The student-athlete and a parent/guardian MUST read this form carefully and SIGN below.

Name of student-athlete (Please print)_____

The undersigned herewith,

A. Is aware that participating or training to participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY.

B. Understands that the dangers and risks of participating or training to participate in athletics include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, ligaments, muscles, tendons and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of said student-athlete's body, general health and well-being.

C. Understands that the dangers and risks of participating or training to participate in athletics may result not only in serious injury, but in serious impairment of said student-athlete's future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

D. Comprehends the dangers of participating in athletics and recognizes the importance of following the instructions of the Athletics Staff regarding play/performance techniques, training and other team rules, etc. and agrees to obey such instructions.

E. Understands that if participating in CONTACT SPORT(S) (e.g., basketball, field hockey, lacrosse or soccer) the risks of injury are even greater than for other sports.

In consideration of Hood College permitting me to try out for an athletic team(s) and to engage in all activities related to the team, including, but not limited to, trying out, training for, practicing or playing/ participating. I agree to hold Hood College, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, cause of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in the connection with my participation in any activities related to the sport. The terms hereof shall serve as a release against Hood College, its employees, agents, representatives, coaches and volunteers by myself, my heirs, estate, executor, administrator, assignees and all members of my family.

Signature (student-athlete)_____ Date _____

Signature (parent/guardian) _____ Date _____

MEDICAL AUTHORIZATION

The undersigned herewith,

A. Authorizes the athletic trainer(s) at Hood, who are under the direction and guidance of Hood's Health Center, to render said student-athlete any first-aid, rehabilitative, diagnostic or emergency treatment that they deem reasonable and necessary to the health and well-being of the student-athlete.

B. Grants permission to Hood's consulting physician(s) to render said student-athlete any treatment, medical care or surgical care that they deem reasonably necessary to the health and well being of the student-athlete.

C. When necessary for executing such cases, grants permission for hospitalization, scheduling of appointments and communication with physicians, physical therapists, counselors and other health care personnel regarding the student's medical history.

Signature (student-athlete) _____ Date _____

Signature (parent/guardian) _____ Date _____

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STUDENT-ATHLETE MEDICAL INFORMATION

Name (last, first mi): _____ Date of Birth: ___/___/___ SS# _____-____-_____

Sport(s): _____ Class(circle): FRESH SOPH JUNIOR SENIOR

Home Address: _____ Phone # : _____
_____

Campus Address: _____ Ext: _____
Cellular Phone #: _____ Email: _____

Name(s) of Parent / Guardian: _____
Address (if different from above): _____
_____

Work Phone # : _____ (Father)
Work Phone # : _____ (Mother)

INSURANCE INFORMATION (attach copy of both sides of card)

Name of Insurance Company: _____
Address: _____
_____
Phone # : _____

Policy/ID # : _____ Group/Plan # : _____
Name of Policy Holder: _____ Date of Birth: ___/___/___ Employer: _____

Type of Coverage: HMO PPO POS
Name of Primary Care Physician: _____ Phone # : _____

STUDENT-ATHLETE HEALTH HISTORY

List any allergies:

List prescription medication you are currently taking:

Have you ever been treated for or diagnosed with a chronic illness? If yes, explain.

Previous injuries that required a doctor's visit:

Have you experienced chest pain during exercise within the last year? If yes, explain.

Have you suffered a concussion or neck injury? If yes, explain.

List any surgeries you have had for joint, muscle, ligament, or tendon injuries.

List any protective braces or supports you wear while playing sports.

Do you have flat feet? Do you wear orthotics?

Do you wear contact lens or eyeglasses during sports?

(**Women ONLY**) Have you ever experienced amenorrhea (absence of regular periods) when engaged in strenuous exercise? If yes, explain.