

CATAWBA COLLEGE ATHLETIC DEPARTMENT

ACCEPTANCE OF RISK FOR TRYOUTS & EVALUATIONS

DIRECTIONS: Return both forms fully (**Front & Back**) completed to the Head Coach or Recruiting Coordinator.

I, _____ (Print Name) certify that I am currently in a status of good health and fully able to participate in vigorous athletic activity without consequence. I have completed and passed a physician validated examination for athletic participation within the past calendar year. I recognize and accept the risk of injury, permanent disability and death inherent with my sport. I understand that even with the best of coaching, use of protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasion, these injuries can be so severe as to result in total disability, paralysis or even death. I agree to promptly notify the coaching staff or athletic training staff of any changes to my health status, including injuries or illness occurring as a result of my athletic participation. I understand that the athletic training staff may review my Prospective Student-Athlete Health History Questionnaire and if necessary further evaluate a condition of question and/or restrict athletic participation. I acknowledge and affirm that all the statements and information are true and accurate to the best of my knowledge; and that no answers or information have been withheld on the Prospective Student-Athlete Health History Questionnaire. I grant permission to the Catawba College athletic staff to provide and/or secure treatment for myself for any athletic injury or illness that may occur during my athletic participation. I further understand and agree that any medical bill incurred as a result from injury/illness sustained during my athletic participation shall be my responsibility as no medical insurance can be provided for me by Catawba College during my tryout/athletic evaluation activity.

I understand and acknowledge that the NCAA and The Catawba College Athletic Department mandate that prior to a tryout, all prospective student-athletes must undergo a medical examination, and that this examination must include a sickle cell solubility test ("SST") unless (1) documented results of a prior SST are provided to Catawba College, or (2) the prospective student athlete declines the SST and signs a written release. Additionally, I have been given and have read and fully understand facts about sickle cell trait and sickle cell trait testing and understand that additional information is available at http://web1.ncaa.org/web_files/health_safety/SickleCellTraitforSA.pdf and upon my own investigation. I understand that having the sickle cell trait does not prohibit me from participating in intercollegiate sport activities. I recognize that ascertaining my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical history and including any knowledge of sickle cell trait status to the Catawba College Athletic Department and the Athletic Training Staff personnel.

Please check ONE of the boxes below:

- I AGREE to be tested for sickle-cell trait.
- I HAVE SHOWN Catawba College the results of a prior sickle-cell trait test.

*If you have been tested for Sickle Cell – please note the test date and result here:

Date: ____/____/____ Result: _____

- I DO NOT AGREE to be tested for sickle-cell trait.

If I chose NOT to be tested for sickle-cell trait, to the maximum extent permitted by law, I release, forever discharge, indemnify and hold harmless Catawba College, its Athletic Training Department, Team Physicians, Board of Directors, officers, employees and agents from any and all costs, liabilities, expenses, claims, damages, actions, or causes of action whatsoever arising out of or related to any loss, personal injury, damage or property loss related to my waiver of this recommended testing. I am fully aware of the risks and hazards associated with refusing this testing. This is binding on me, my heirs, assigns and personal representatives. I acknowledge that I am 21 years of age or older, or, if I am not, my parent or guardian has also signed this waiver.

I understand that the NCAA and Catawba College Athletic Training Department recommend that I undergo sickle cell trait testing.

We/I the undersigned have read and fully understand the preceding policy statements and agree to its procedures. We/I also release Catawba College, its agents and employees, and members the athletic staff, from any liability caused by, or arising out of my athletic participation. I also understand that this information shall remain confidential among the coaching/medical staff at Catawba College. This release remains valid for one year.

Personal or Primary Insurance Company: _____

Policy/Plan#: _____ Group#: _____

Primary Policy Holder Name: _____

Athlete's Signature: _____ Date: ____/____/____

(Parent/Guardian Signature Required If Under Age 18)

Parent's Signature: _____ Date: ____/____/____

CATAWBA COLLEGE ATHLETIC DEPARTMENT
Prospective Student-Athlete Health History Questionnaire

Name _____ Date of Birth ____/____/____

Sport _____

- YES NO Have you ever suffered a head injury/concussion or been knocked unconscious?
- YES NO Have you ever suffered a cervical spine or neck injury?
- YES NO Have ever suffered a “burner”, “stinger”, or brachial plexus injury?
- YES NO Have you ever suffered an injury to your shoulder joint, AC joint or collarbone?
- YES NO Have you ever suffered a severe strain or tear to your rotator cuff?
- YES NO Have you ever suffered an elbow/forearm, wrist, hand and/or finger injury?
- YES NO Have you ever suffered a spine, low back, disk and/or sacroiliac injury?
- YES NO Have you ever suffered a rib, thorax, and/or chest injury?
- YES NO Have you ever suffered a hip, groin, and/or thigh injury?
- YES NO Have you ever suffered a knee injury (ligaments, cartilage, knee cap/patella)?
- YES NO Have you ever suffered an ankle, lower leg, and/or foot injury?
- YES NO Have you ever suffered a severe muscle strain or severe muscle pull or tear?
- YES NO Have you ever suffered a repeated/chronic over-use or tendonitis-like injury?
- YES NO Have you ever suffered a broken bone/fracture or stress fracture injury?
- YES NO Do you have any pain, burning, numbness or tingling to a body part?
- YES NO Have you ever been advised by a physician to have surgery?
- YES NO Have you ever had a heat-related illness due to athletic activity?
- YES NO Have you ever had to be given IV fluids for a heat related illness?
- YES NO Have you been diagnosed with any allergies, diabetes or sickle cell?
- YES NO Have you ever been diagnosed with asthma or exercise induced asthma?
- YES NO Have you ever had chest pain and/or shortness of breath with exercise?
- YES NO Have you ever felt dizzy, lightheaded or fainted with exercise or activity?
- YES NO Have you ever been diagnosed with a heart murmur or a “skipping” heartbeat?
- YES NO Has a family member (father/mother/brother/sister) died suddenly under age 40 due to a heart condition?
- YES NO Have you been diagnosed with high blood pressure or a heart/lung condition?
- YES NO Do you have only one of two paired functioning organs (eyes, kidney, lung or testicle)?
If YES, which ones _____
- YES NO Have you ever had seizures or convulsions?
- YES NO Do you suffer from any mental or emotional disorders?
- YES NO Have you ever been told by a physician to restrict or NOT to play sports?
- YES NO Do you wear any special braces, pads, taping, or protective devices to play?

If YES to any of the above, please explain: _____

