I. Authorization for Medical Information to be Released to Bacone College

TO ALL UNIVERSITIES, COLLEGES, STUDENT HEALTH SERVICES, ATHLETIC TRAINERS, PHYSICIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITARIUMS, AND ALL OTHER AGENCIES:

You are hereby authorized and requested to send to Bacone College Athletic Department a complete copy of all records pertaining to my medical condition, including all physicals, physician's records, athletic trainer's records, diagnoses, treatments, history and prognoses, of any and all injuries; and receive from you any and all other information pertaining to my past or present medical conditions, diagnoses, treatments, history and prognoses from your personal knowledge and/or records. A copy of this authorization shall be considered as effective and valid as the original.

_____ _____

(PLEASE PRINT) (First) (Middle) (Last) ATHLETE'S SIGNATURE

_____ _____

DATE WITNESS SIGNATURE

II. Authorization for Bacone College to Release Medical Information

TO BACONE COLLEGE

I realize and understand that as a college athlete, any information relating to my past, present, or future medical condition may have a bearing on my being offered employment, the opportunity for employment, or the type of offer or opportunity for employment from professional sports clubs, teams, or organizations. I hereby authorize the Director of Sports Medicine, Head Athletic Trainer, Assistant Athletic Trainer, Team Physicians, and Physical Therapists to release any and all of my medical records including copies of all physical examinations, physicians' records, athletic trainers' records, diagnoses, treatments, history and prognoses of any and all injuries I have or may have in the future incurred together with all other information pertaining to my medical conditions, diagnoses, treatments, history, and prognoses from their personal knowledge and/or records. This authorization shall be effective and valid until I revoke such authorization at a later date with my signature.

DATE:_____ ATHLETE'S SIGNATURE: _____

WITNESS SIGNATURE: _____

III. Authorization for Bacone College to Provide Emergency Care

I, _____ hereby grant the athletic trainers, team physicians,
(PLEASE PRINT) (First) (Middle) (Last)
therapists, technicians, and consultants of Bacone College to render me any emergency, medical, surgical, or other care that might be deemed necessary to insure proper care of any injury/illness, and to maintain my health and well being. In the absence of the team or authorized physician, I grant permission to a qualified physician to furnish emergency care using the guidelines above. Also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted.

DATE:_____ ATHLETE'S SIGNATURE: _____

WITNESS SIGNATURE: _____

IV. Acknowledgment of Personal Responsibility to Provide Notification of Injury/Illness

I, _____ understand that it is my responsibility to notify the
(PLEASE PRINT) (First) (Middle) (Last)
BACONE COLLEGE sports medicine staff in writing of any and all injuries/illnesses, athletic or otherwise, suspected injuries/illnesses, and any and all pre-existing conditions that may result in further injury/illness to myself, teammates, opponents, or athletic/sports medicine staff.

DATE:_____ ATHLETE'S SIGNATURE: _____

WITNESS SIGNATURE: _____

V. Acknowledgment of Shared Responsibility for Sports Safety

SHARED RESPONSIBILITY FOR SPORTS SAFETY

Participation in sports requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sports have taken reasonable precaution to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

Periodic analysis of injury patterns leads to refinements in the rules and other safety decisions. I realize that despite improvement in equipment standards, and how well rules are refined by athletic governing bodies, or enforced by officials, risks still exist that require my compliance and cooperation with any and all safety guidelines in order to minimize injury to myself, as well as other participants. "Compliance" means respect and cooperation on everyone's part for the intent and purpose of a rule or guideline.

I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating in athletics at Bacone College.

DATE:_____ SIGNATURE:_____

The undersigned, herewith,

A. Understands that he/she must refrain from practice or play during medical treatment until he/she is discharged from treatment or given a written permit by the attending physician to resume participation.
B. Understands that his/her having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics; but only that the examiner did not find a medical reason to disqualify him/her.
C. Fully realizes that Bacone College cannot be held responsible for any previous medical condition(s) that he/she might have or any medical expense incurred due to any identified pre-existing medical condition and not directly attributable to any athletic participation at Bacone College.

_____ _____

(PLEASE PRINT) (First) (Middle) (Last) ATHLETE'S SIGNATURE

_____ _____

DATE WITNESS SIGNATURE

VI. Acceptance of Risk Statement

I, _____ understand the chance of sustaining a catastrophic
(PLEASE PRINT) (First) (Middle) (Last)
sports injury is extremely remote, yet understand that serious injuries can and do occur to anyone. Participation in your sport could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being.

DATE:_____ ATHLETE'S SIGNATURE: _____

WITNESS SIGNATURE: _____

<u>ONLY FEMALES ANSWER THIS SECTION</u>

VII. Acknowledgment of Personal Responsibility to Withdraw from Sports Participation Due to Pregnancy

I, _____ hereby understand that once I become pregnant it is
(PLEASE PRINT) (First) (Middle) (Last)
my responsibility to notify the Head, Associate, or Assistant Athletic Trainer and remove myself from all practices, conditioning, and competitions.

I totally understand that my participation in varsity athletics at BACONE COLLEGE is voided upon becoming pregnant.

DATE:_____ ATHLETE'S SIGNATURE: _____

WITNESS SIGNATURE: _____

BACONE COLLEGE WARRIOR ATHLETICS

Health Insurance Information

By filling out this sheet, I _____ understand that Bacone College does not hold medical insurance on me. I understand that Bacone College is not responsible for payment of any form of treatment for athletic injuries or any other reason. I understand that all medical bills are my responsibility and I must hold my own personal health insurance which will be used in case of an injury or illness.

Athlete's Name _____ M/F
Last First MI (circle)
Athlete's Home Address _____
_____
City State Zip
Phone Number _____
Athlete's SSN _____ Athlete's DOB _____
Emergency Contact Name _____ Relation _____
Contact Phone Number _____

COMPLETE INSURANCE INFORMATION

Name of Insurance Company _____
Address _____
_____
City State Zip
Phone Number _____
Policy Holder Name _____
Last First MI
Policy Holder's Address _____
_____
City State Zip
Policy Number _____ Group Number_____
Policy Holder's SSN _____
Policy Holder's DOB _____

Athlete's Signature _____ Date _____
Sport _____

Parent/Guardian Signature (if minor) _____

*ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.