

* * ATTENTION * *

In order to be cleared by the athletic training staff to participate in any practices or contests, ***all*** athletes must have the following forms completed and returned to the athletic training room:

- 1) **Physical Screening Examination. (Physical Screening must be performed by an M.D., P.A., or Nurse Practitioner and not a Chiropractor.) CCCAA policy.**
- 2) **Insurance Verification Form.**
- 3) **Emergency Care Card—This should also be filled out by anyone who will be traveling with the teams, i.e., coaches, managers, etc.**
- 4) **Liability Waiver Form.**
- 5) **Show proof of enrollment (i.e., class schedule printout) in the intercollegiate class which the athlete is currently involved.**

EMERGENCY CARD

Name _____ Sport _____ Birth date _____ Today's date _____

Last, First

Local Address _____ Local Phone (____) _____

City

Zip

Emergency Contact

Cell Phone (____) _____

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Insurance Information

Company Name _____ Policy # _____

Type of Insurance (HMO, PPO) _____ Phone # _____

Primary Care Physician _____ Phone (____) _____

Medical Information

Allergies _____ Medications _____

Inhaler (yes or no) _____ Type of inhaler (if yes) _____

Significant Findings _____

Grossmont Community College Verification of Other Insurance

- I. My Name _____ Sport: _____
Home Address: _____ City _____ Zip _____ DOB _____
Home Telephone # (_____) _____ SS# _____
My Employer: Name _____ Telephone # (_____) _____
Address _____ City _____ Zip _____
Group Insurance Company _____ Policy # _____
Insurance Company Address _____ City _____ Zip _____
 Yes, I am covered by this Policy. No, I am not covered by this Policy. **Insurance Co. Phone #** _____
- II. Spouse's Name _____
Spouse's Employer: Name _____ Telephone # (_____) _____
Address _____ City _____ Zip _____
Group Insurance _____ Policy # _____
Insurance Company Address _____ City _____ Zip _____
 Yes, I am covered by this Policy. No, I am not covered by this Policy. **Insurance Co. Phone #** _____
- III. Father's Name _____ Home Address: _____ City _____ Zip _____
Home Telephone # (_____) _____
Father's Employer: Name _____ Telephone # (_____) _____
Address _____ City _____ Zip _____
Group Insurance _____ Policy # _____
Insurance Company Address _____ City _____ Zip _____
 Yes, I am covered by this Policy. No, I am not covered by this Policy. **Insurance Co. Phone #** _____
- IV. Mother's Name _____ Home Address: _____ City _____ Zip _____
Home Telephone # (_____) _____
Mother's Employer: Name _____ Telephone # (_____) _____
Address _____ City _____ Zip _____
Group Insurance _____ Policy # _____
Insurance Company Address _____ City _____ Zip _____
 Yes, I am covered by this Policy. No, I am not covered by this Policy. **Insurance Co. Phone #** _____
- V. I hereby certify that the foregoing answers I have designated to the stated questions are true, complete, and correct to the best of my knowledge.

I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning facts material thereto, commits a fraudulent act, which is a crime.

Signature: _____

Date: _____



GROSSMONT-CUYAMACA
COMMUNITY COLLEGE DISTRICT

PLEASE READ THIS DOCUMENT CAREFULLY. IT RELEASES THE GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT, AND ITS AGENTS AND EMPLOYEES FROM ANY LIABILITY IN THE EVENT THAT YOU ARE INJURED DURING THE COURSE OF YOUR PARTICIPATION IN THE SPORT OF INTERCOLLEGIATE _____. YOU MAY SEEK LEGAL ADVICE ABOUT THIS AGREEMENT BEFORE SIGNING THIS DOCUMENT.

I, _____, have voluntarily agreed to participate as a student-athlete on Grossmont-Cuyamaca Community College District's Intercollegiate Team. I agree that participation in this sport is not required for graduation, and that I am not receiving, nor have I been promised, any compensation for participating in this sport.

I acknowledge that this sport involves numerous risks of injury, including, but not limited to, physical injury, paralysis, brain injury, permanent disability, death, or property damage. Such risks are inherent in the sport, and may, in addition, arise from the actions or omissions of myself, others, or both. **I freely, voluntarily, and expressly assume all risks involved in this sport, including, but not limited to, the risks listed above.**

In exchange for being permitted to participate in this sport, I hereby waive and release, and specifically agree that the Grossmont-Cuyamaca Community College District and its agents and employees shall not be liable for any claim, demand, cost, expense or cause of action of any kind whatsoever which I may have or which may occur to me, for, or on account of, death, personal injury, property damage, or loss of any kind resulting from, arising out of, or related to my participation in this sport.

I agree that the above stated waiver, release, assumption of risks, and covenant not to sue, shall be effective regardless of whether or not such death, personal injury, or loss was caused by the alleged negligence or carelessness of the GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT and its agents and employees. It is further understood and agreed that this waiver, release, assumption of risks and covenant not to sue is to be binding on my heirs and assigns.

I further agree to indemnify and hold GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT harmless from any and all claims, demands, costs, expenses or causes of action of any kind whatsoever arising out of or related to my participation in this sport, regardless of any negligence, active or passive, on the part of GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT and its agents and employees.

As used in this agreement, Grossmont-Cuyamaca Community College District means Grossmont College, Cuyamaca College, Grossmont-Cuyamaca Community College District, its agents, employees, and all others providing services for, or on behalf of, the Grossmont-Cuyamaca Community College District. The forgoing shall include, without limitation, all coaches, assistant coaches, trainers, equipment managers, and all other persons and entities employed by Grossmont-Cuyamaca Community College District or acting on Grossmont-Cuyamaca Community College District's behalf in connection with this intercollegiate sport.

To the best of my knowledge, I have no physical or mental condition which would interfere with my ability to participate in this sport, or that would prevent me from forming the requisite intent necessary to enter into a contractual relationship.

I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT.

Signature of Participant

Date

- | | | |
|--|-----|----|
| 8. Have you ever had severe pain in your neck that radiates to the arms? If so, please explain. _____ | YES | NO |
| 9. Have you ever had long term swelling or pain in any joints? If so, please explain. _____ | YES | NO |
| 10. Do you wear eye glasses, contacts? If so, please list _____ | YES | NO |
| 11. Do you wear knee braces, athlete braces, orthotics? If so, please list _____ | YES | NO |
| 12. Have you had an illness that required hospitalization or surgery? If so, please list _____ | YES | NO |
| 13. Any family history of diabetes? Who _____ | YES | NO |
| 14. Any family history of heart disease? Who _____ | YES | NO |
| 15. Any family history of seizures? | YES | NO |
| 16. Are your teeth whole and sound? If no, please explain _____ | YES | NO |
| 17. Do you have serious allergies to medicine? If so, please explain _____ | YES | NO |
| 18. Do you have a history of an operation? If so, please explain _____ | YES | NO |
| 19. Are you currently taking any supplements? If so, please explain _____ | YES | NO |
| 20. Do you smoke? How long have you smoked? _____ Packs per day _____ | YES | NO |
| 21. Do you use smokeless/spit tobacco? How long have you used? _____ How often? _____ | YES | NO |
| 22. Are you currently taking any drugs? If so, please explain _____ | YES | NO |
| 23. Do you drink alcohol? If so, how often _____ | YES | NO |
| 24. Are you allergic to latex? | YES | NO |
| 25. Do you have a family history of sickle cell trait? | YES | NO |
| 26. Do you have a family history of Marfan's Syndrome? | YES | NO |
| 27. How much water do you drink on a daily basis? _____ | | |

REVIEW OF SYSTEMS—HAVE YOU EVER HAD:

CIRCLE YES OR NO ON ALL THAT APPLY

- | | | | | | |
|-------------------------------|--------|------------------------|--------|--|------------|
| 1. Irregular Pulse | YES NO | 10. Kidney Disease | YES NO | 19. Single Testicle | YES NO N/A |
| 2. Heart Disease | YES NO | 11. Hernia | YES NO | 20. Single Ovary | YES NO N/A |
| 3. High Blood Pressure | YES NO | 12. Retinal Eye Injury | YES NO | 21. Loss of menstrual period more than two months | YES NO N/A |
| 4. Collapsed Lung | YES NO | 13. Single Eye | YES NO | 22. Abnormal pelvic exam | YES NO N/A |
| 5. Asthma | YES NO | 14. Seizures | YES NO | 23. Are your periods, normal If no, please explain _____ | YES NO N/A |
| 6. Tuberculosis | YES NO | 15. Thyroid Disease | YES NO | 24. Have you had any pregnancies Please explain: _____ | YES NO N/A |
| 7. Enlarged Spleen | YES NO | 16. Diabetes | YES NO | 25. Last pelvic exam _____ | N/A |
| 8. Ulcers | YES NO | 17. Anemia | YES NO | | |
| 9. Enlarged Liver or Jaundice | YES NO | 18. Headaches | YES NO | | |

28. Other medical conditions or illness, please explain:

INJURY HISTORY—HAVE YOU EVER HAD:

CIRCLE YES OR NO

- | | | | | | |
|--------------------------|--------|------------------|--------|---|--------|
| 1. Neck Injury | YES NO | 7. Wrist/Hand | YES NO | 13. Concussion | YES NO |
| 2. Back Pain/Injury | YES NO | 8. Knee Injury | YES NO | How many concussions have you had? _____ | |
| 3. Shoulder Dislocation | YES NO | 9. Ankle Injury | YES NO | When did you have your last concussion? _____ | |
| 4. Shoulder Separation | YES NO | 10. Foot Injury | YES NO | 14. Head injury other than concussion? | YES NO |
| 5. Other Shoulder Injury | YES NO | 11. Heat Illness | YES NO | 15. Other Injury (list below) | YES NO |
| 6. Elbow | YES NO | 12. Fractures | YES NO | | |

Explain any yes answers:

16. Miss any games due to injury last year?

17. List treatment for above injuries.

18. List surgeries due to any above injuries.

PHYSICAL EXAMINATION

STATION

1. Height _____ 2. Weight _____ 3. Pulse _____

Blood Pressure _____

Blood Pressure _____

Blood Pressure _____

Station Initial _____

GENERAL PHYSICAL

STATION

1. Head _____

2. Eyes _____

3. Ears _____

4. Naso-Pharynx _____

5. Mouth (teeth, lips, gums) _____

6. Heart Murmur _____

7. Heart Arrhythmia _____

8. Lungs _____

9. Abdomen _____

10. Hernia _____

11. Genital _____

12. Skin _____

13. Neurological _____

Physician's comments or recommendations:

DRS. STATION COMPLETE/INITIAL _____

PHYSICAL SCREENING

POSTURE

1. A/P _____

2. Lateral _____

ASYMMETRY

1. Shoulder Ht _____

2. Pelvic _____

3. Leg length _____

4. Scoliosis _____

Dr's. Initial _____

FLEXIBILITY

1. Upper _____

2. Lower _____

3. Spine/Abdom _____

Dr's. Initial _____

ORTHOPEDIC SCREENING

1. Spine _____

2. Shoulder _____

3. Elbow _____

4. Wrist/hand _____

5. Hip _____

6. Knee _____

7. Ankle _____

8. Feet _____

Dr's. Initial _____

Assessment/Plan:

Ortho Cleared, Not Cleared, Cleared after: _____

Recommendations:

Visual Acuity OD: 20/ _____ OS: 20/ _____

Binocularity: cover test: _____ distance: _____ NPC: _____

Versions: _____ Pupils: PERRL (-) APD, or _____

Retinoscopy: OD: _____ OS: _____

Dr's. Initial _____

GROSSMONT COLLEGE

ATHLETIC AUTHORIZATION

I have supervised the pre-participation physical screening and I hereby certify that _____
(Your Name)
was examined by a physician on _____, 200____ and found to be physically fit to engage in sports.

Date

Physician's Signature

Physician's Stamp

I understand this is not a comprehensive physical exam, but only a preparticipation physical screening exam.

- I hereby give my consent to participate in an authorized Grossmont College activity and understand that Grossmont College and its medical staff cannot accept responsibility for an unforeseen injury.
- I agree that any family insurance will be the first carrier since Grossmont College policy is non-duplicating, and is liable as only second carrier.
- I hereby acknowledge that I have fully disclosed any and all conditions that may be potentially life-threatening to me while participating in intercollegiate athletics at Grossmont College.
- I herewith authorize the college or its representatives to secure necessary emergency medical care as circumstances seem to warrant.

Date _____

ATHLETE'S SIGNATURE

Informed Consent and Waiver Release attached. _____
A.T.C.

Date Completed