

## **INSTRUCTIONS**

- 1. Please read and fill out all forms completely**
- 2. Please print legibly**
- 3. Use BLACK or BLUE ink...NO PENCIL WILL BE ACCEPTED**
- 4. This packet must be on file with Jone Dowd in the Athletic Department before participation may begin.**
- 5. Original signatures are mandatory...NO FAXES WILL BE ACCEPTED**
- 6. It is the individual participants responsibility to have their insurance card on their person at all times in the event of emergency.**



The Catholic University of America



Club Sports

2003-04 Pre-Participation Health Exam Form

Name: \_\_\_\_\_

Club Sport: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class: Fr. Soph. Jr. Sr.

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone #: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Below To be filled out by Physician

1. Vision: Right Eye \_\_\_/\_\_\_, Left Eye \_\_\_/\_\_\_ (Corrected or Uncorrected)

Glasses or Contacts: \_\_\_\_\_

Pupil Size \_\_\_\_\_

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

2. Blood Pressure: \_\_\_/\_\_\_

3. Heart Rate: \_\_\_\_\_

4. Lungs: WNL \_\_\_\_\_

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

5. Cardiovascular: WNL \_\_\_\_\_

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

6. Abdomen: WNL \_\_\_\_\_

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

7. Orthopedic: Spine WNL \_\_\_\_\_

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

Shoulder WNL \_\_\_\_\_

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

Elbow WNL \_\_\_\_\_

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

Knee WNL \_\_\_\_\_

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

Ankle WNL \_\_\_\_\_

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

8. Personal History: (i.e.: asthma, diabetes, TB, seizures, concussion, surgical procedure, heart conditions, etc.) \_\_\_\_\_

9. Family History: (i.e.: hypertension, diabetes, heart attack, stroke, etc.) give family relationship \_\_\_\_\_

10. Absence of Paired Organ (i.e.: kidney, testical, etc.): \_\_\_\_\_

11. Allergies: \_\_\_\_\_

12. Current Medications (name & dosage): \_\_\_\_\_

\_\_\_ Cleared w/o Restriction

\_\_\_ Cleared w/following restriction \_\_\_\_\_

\_\_\_ Failed Exam

\_\_\_ Needs Further Evaluation \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

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

Physician Phone #: \_\_\_\_\_

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

# CLUB SPORTS PARTICIPATION INFORMED CONSENT WAIVER AND RELEASE OF CLAIMS

I, \_\_\_\_\_, ("participant") am at least 18 years old (or my parent/guardian shall sign), legally competent, and I understand and agree that the terms below are contractual and not mere recital and may be reviewed by my attorney before I sign.

My participation in Club Sports at The Catholic University of America (CUA) is entirely voluntary and done of my own free will. My intent in signing this document is to release CUA, its agents and assigns, from any liability with respect to my involvement, injury or death in this inherently dangerous activity. I understand that the specific risks with this activity include, but are not limited to, physical injury and death.

I understand that this activity is inherently dangerous, that it contains hazards that may be unknown or unseen, that all perils are assumed by me and that I take full and complete responsibility for all risks involved of these hard to control sports, known or unknown.

In consideration of my participation in the activity, I waive, release, and forever discharge CUA, its trustees, officers, agents, employees, students, and assigns (collectively "CUA") from any and all causes of action, claims, or demands arising from or attributable in any legal way to any action or omission to act of any person or organization in connection with, or having the appearance of, sponsorship, organization, or execution of this activity, including travel to and from the activity, unless same is due to CUA's willful, wanton, or gross negligence.

To the best of my knowledge and after consultation with my physician, I have no physical condition which would interfere with my ability to participate in this activity or would endanger my health hereby. I understand that I am required to provide my own accident and medical insurance.

I understand that CUA has no duty to provide any duties or safety measures in relation to this activity and that such measures are my own responsibility. All of the information and statements herein are true and my signature is executed by me of my own free will.

\_\_\_\_\_  
Participant's Printed Name\*

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Participant's Signature\*

\_\_\_\_\_  
Date of Birth of Participant

*\*parent if participant is under 18 at time of signing\**

## **RISK INHERENT ACTIVITIES**

Student organizations sponsoring activities that involve unusual risk to participants (club sports, sailing, skiing, etc.) should be aware that participants in or sponsors of these activities engage in them at their own risk and must sign a Release before engaging in the activity. In addition, the following steps must be followed for certain types of activities.

### **Club Sports**

#### **Information Forms and Insurance**

Club sports must complete a team roster form and a semester schedule and submit them to the Department of Athletics at the start of the season. Club sports participants' release forms must be signed by each organization member. These forms are available in the Department of Athletics. Any member who has not signed a release may not participate in club sports for the season. Each member will be automatically placed on the university's catastrophic insurance plan. If a team fails to comply with the submission of forms requirement, that club's status as a university-sanctioned team will be immediately suspended.

#### **Swim Test**

A prerequisite for rowing with the CUA Rowing Association is the ability to pass a swimming test administered by the university swim/aquatics coach each fall. Non-swimmers may not participate either as crew members or coxswains. Failure to comply with this policy will result in the immediate suspension of the club's status as a university-sanctioned team.

#### **Physicals**

Each participant in a club sport must receive a physical examination before he or she can participate in practices and/or games. Forms that must be completed by the participant and his or her physician during the physical are available in the Department of Athletics. The forms must be turned in to the Department of Athletics before the participant may practice or participate in the club sport. The participant must receive a physical every year prior to participating in the club sport.

### **Student Organization Activities**

The associate director for student programs in University Center, Student Programs and Events (UCSPE) or his or her designee will determine when activities sponsored by a student organization involve unusual risk and will require additional steps. Such programs may include, but are not limited to, activities such as hang gliding, parachuting, rock climbing and snow skiing. When a program is determined to involve unusual risk, the organization must include the following steps as part of the program:

1. Schedule a mandatory pre-activity meeting for all participants where the nature of the activity is described, any specific or specialized equipment needed for the event is explained, any accompanying material is read and any physical restrictions are specified. The Off-Campus Trip Waiver, Assumption of Risk and Release should be distributed, read to the group, signed and returned by every participant. The waiver can be obtained

by contacting the Program Coordinator in UCSPE. Signed waivers for all participants must be submitted to UCSPE prior to the activity.

2. If the activity involves an over-night trip, a trip two hours or more driving time from the CUA campus, or air travel, the organization must comply with the Off-Campus Trip Policy. That policy is published in the Student Organization Manual and on the UCSPE web site.

All students must have current evidence of health insurance. For some programs it would be advisable for participants to have trip insurance. Trip insurance must be provided at the participants' expense, which they may purchase from private insurance companies.

## Off-Campus Trip Waiver, Assumption of Risk and Release

After reviewing this form, please fill out all information and, if you are in agreement, sign where indicated, authorizing your participation in the \_\_\_\_\_ Off-Campus Program at/through The Catholic University of America ("University").

Site where your Program takes place: \_\_\_\_\_

PLEASE **PRINT**

Student's Name \_\_\_\_\_

Local Address \_\_\_\_\_ ID Number \_\_\_\_\_

Local Phone(s) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Please list emergency contacts, including one parent/guardian and one neighbor/relative/friend:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I am aware that the program of \_\_\_\_\_ ("Program") takes place either in part or in whole at the site listed above and I am aware of and assume the risks of personal injury and/or property damage, which risks, other than minor or are obvious, include:

\_\_\_\_\_

I understand that students will leave CUA campus during this Program and that I may travel in a university owned or a private vehicle.

I agree to abide by university rules and understand that any violation of campus rules may result in termination of my attendance in the program and/or judicial charges/sanctions. I further understand that I must comply with the law as well as the policies and procedures of the Program and the site.

I will not hold responsible The Catholic University of America for liability for injury or damages arising from the result of my participation in this Program unless it is due to willful fault or gross negligence on the part of the University. I hereby give permission for me to receive medical treatment, if necessary, while attending the Program. I agree to abide by the time schedule/itinerary of the Program and I understand that if I am left behind or become separated from the group as a result of my failure to do so, my return trip from the Program site will be incurred at my own expense, according to my own arrangements and at my own risk.

To the best of my knowledge, there are no physical/other conditions which will interfere with my participation. If I have a disability that requires an accommodation for my participation, I will contact the Office of Disability Support Services.\*\*

I voluntarily and willingly choose the type of transportation utilized for this Program. I understand and agree that if driving my personal vehicle, my own automobile insurance will cover property damage and/or personal injury arising from damages arising from use of the vehicle. If this automobile is registered in another's name, I have permission for this use.

I am at least 18 years old and I enter this agreement voluntarily. If I am under 18 years old, I shall have a parent/guardian sign in my place, below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*NOTE:** If there are conditions of which the University needs to be aware with regard to your participation in the Program, please indicate these conditions and note whether there are any reasonable accommodations requested for your participation in this Program.