

SC Athletic Training

A. Athletic Training Services

I understand that the athletic training staff's primary focus is preventing injury as well as treating and rehabilitation of injuries. I also understand that they will develop a rehabilitation program to fit the student-athletes' needs for a quick recovery and are assigned to attend practices and competitions with priority given to in-season, collision or high-risk sports. I acknowledge that all athletic injuries and illnesses are to be reported immediately to the sports medicine staff for evaluation, care, and referral. **The athletic training staff assesses the immediate needs and gives authorization to receive medical care if found to be necessary. No one else within the Athletics Department is allowed to authorize any type of care or referral.** The student-athlete is responsible to report back to the sports medicine staff with information regarding the doctors' visit and follow-up care. Failure to do so will result in being withheld from participation.

Student Athlete's Initials _____

B. Assumption of Risk

I, _____, the undersigned, for and in consideration of being allowed to try-out, participate, perform and practice _____ (Sport/Sports), do hereby release Southwestern College, its agents and employees, while acting within their scope of employment, from any liability for injuries or illnesses, pre-existing or aggravated, or that may be incurred by me while engaged in this program as a student-athlete. Recognizing that conditioning, practice, and participation in intercollegiate athletics involve bodily contact, physical stress, and the possibility of injury: therefore, I voluntarily assume all risks incident to my participation.

In further consideration of being allowed to participate in intercollegiate athletics at Southwestern College, hereby indemnify Southwestern College, its agents and employees, while acting within the scope of their employment, from all claims that might arise, now or in the futures, as a result of any injury or illness sustained by me which resulted from my participation in said activity.

I, _____, have read the above and foregoing release and indemnification and that I understand the statements contained therein: that I assume all risks involved and that I waive all rights, now and in the future, to assert any claim whatsoever against Southwestern College and its agents for injuries I might sustain.

Student Athlete's Initials _____

C. Medical Authorization

I grant permission to Southwestern College athletic trainers, physicians, and/or other medical practitioners to render any preventative, emergency, surgical, or rehabilitative medical treatment or care deemed reasonable and necessary for my health and wellbeing, and to arrange for my hospitalization where reasonable and necessary, in circumstances connected with my participation in activities with Southwestern College's athletic team which I am a participant.

Student Athlete's Initials _____

D. Disclosure of Health Conditions

I authorize the Sports Medicine staff or any such person that they may designate, permission to contact and discuss my health or medical condition with my parents, guardian or immediate family member in the case of a health emergency on my part. A health emergency shall included, but is not limited to, experiencing serious physical or mental difficulties, requiring hospitalization or treatment for any serious physical or mental ailment, injury, disorder or other health condition which the Head Athletic Trainer or the Head Coach believes in good faith to be of a serious nature.

YES - I give permission to the Athletic Training Staff to speak with my parent/guardian about the nature and status of my injury.

NO - I do not give permission to the Athletic Training Staff to speak with my parent/guardian about the nature and status of my injury

With an injury comes management of insurance claims. In most cases, your primary insurance falls under a parent/guardian's plan. In the event that a claim is filed in your name for an athletic injury, do you release the Athletic Training Staff to speak with your parent/guardian about paperwork relating to the claim?

- YES** - I give permission to the Athletic Training Staff to speak with my parent/guardian about insurance claims.
- NO** - please go through me to talk about necessary paperwork that is needed.

Student Athlete's Initials _____

E. Drug Screening Consent

I hereby acknowledge receipt of a copy Southwestern College's Athletic Department Drug Policy. I further acknowledge that I have read this policy and fully understand and agree to comply with its provisions. It is my understanding that signing this consent form and returning it is a prerequisite to becoming a member of any intercollegiate athletic team at Southwestern College. I further understand that I may refuse to sign this consent form, but as a consequence, I will forgo participation in intercollegiate sports at Southwestern College. I am aware that I am expected to abide by team rules, and that such rules are subject to change.

I acknowledge my understanding that the use of drugs not prescribed by a physician for a specific medical condition, or abuse of prescription medications, is a violation of team rules and athletic department policy. I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs or substances in accordance with the provisions of Southwestern College's Athletic Training Department Drug Policy. I further authorize the Head Athletic Trainer at Southwestern College to make confidential releases of the results of these tests to the head coach of all sports in which I am a participant and the Athletic Director.

The released information may include: all information and records related to the screening or testing of my urine sample(s) in accordance with the provisions of Southwestern College's Athletic Training Department Drug Policy. To the extent set forth in this document, I waive any privilege I may have in connection with such information. I further agree that in the event the results of my drug-screening test are positive, I will follow the procedures enumerated in the section of the Policy entitled "Rehabilitation."

I, _____ hereby consent to providing a urine or saliva sample for the purpose of drug testing. It is my understanding that this program is initiated in response to the National Association of intercollegiate Athletics (NAIA) request that every member institution develop a substance abuse educational program. It is a privilege to participate in athletics at Southwestern College and one that is not a guaranteed right.

I hereby fully and forever release and discharge Southwestern College, its board of Trustees, officers, employees and agents from any claims, demands, damages, rights of action or causes of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from my participation in this program.

Student Athlete's Initials _____

F. Substance Abuse Policy

To insure that the student athlete adhere to the high standards set forth by Southwestern College and its athletic department, a strict policy dealing with substance abuse has been established. The substance abuse program uses these three steps in addressing potential problems: 1) Education, 2) Screening, and 3) Rehabilitation for positive test results.

A) EDUCATION

The education component of the Southwestern College substance abuse policy is three pronged:

- 1) Coaches candidly address issues of drug usage and model appropriate behavior
- 2) SC Athletic Training Staff presents factual information regarding drug usage to each athletic team
- 3) Outside presenters may be used to provide reinforcement of these issues

B) SCREENING

The drug screening is performed at various times of the school year. Individuals selected for drug screening are chosen randomly. However, Southwestern College Athletic & Student Life Departments reserve the right to screen any student-athlete that may be suspected of drug use. Drug screening may occur through the taking of a urine or saliva sample.

C) REHABILITATION

If the athlete tests positive for tested and banned substances, he/she will immediately be suspended from all athletic activities. To be reinstated for participation, the athlete must complete one of the following three paths to reinstatement:

<p style="text-align: center;">PATH ONE</p> <p>Meet with the Athletic Director, Head Athletic Trainer, and Head Coach of the athlete's sport</p> <p>Accept an immediate suspension and a 10% loss of participation in seasonal contests. The head coach and athletic director may apply further consequences.</p> <p>Accept the appeal process. Submit immediately to a 2nd test at student-athlete's own expense.</p> <p>If the 2nd test is negative, the student-athlete is cleared and allowed full participation. If the second drug test is positive, the student-athlete follows path two.</p>	<p style="text-align: center;">PATH TWO</p> <p>Meet with the Athletic Director, Head Athletic Trainer, and Head Coach of the athlete's sport</p> <p>Accept an immediate suspension & 10% contest loss and other consequences determined by the head coach and athletic director.</p> <p>Deny the appeal process.</p> <p>Accept once/week counseling by the college's selected agency for one month (four sessions)</p> <p>Submit to a series of random drug tests through the next six months. (The timetable for testing will be determined by the Athletic Training Staff)</p>	<p style="text-align: center;">SUCCESSFUL COMPLETION OF PATH TWO</p> <p>Following completion of the suspension, counseling program and random testing regimen, the head coach and athletic director will evaluate the status of the individual's participation within the sport program.</p> <hr/> <p style="text-align: center;">UNSUCCESSFUL COMPLETION OF PATH TWO</p> <p>2nd Positive Test: Repeat Path One or Path Two</p> <p>3rd Positive Test: Immediate dismissal from all sport participation (barring proof of a false-positive result).</p>
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List of Tested Substances

- Amphetamines
 - Cocaine
 - Methylene-dioxymethamphetamine (MDMA) (ecstasy)
 - Barbituates
 - Benzodiazepines
 - Methadone
 - Methaqualone
 - Opiates
 - Phencyclidine propoxyphene (PCP)
 - Heroin
 - Marijuana
 - Testosterone (Steroids)
 - Growth Hormone
- * Each of these substances may be tested for in each testing session.

Nutritional & Dietary Supplements

Southwestern College does not condone the use of supplements, ergogenic aids, creatine powder, amino acids, etc. Supplements and other ergogenic aids do not undergo the same quality control as do prescription and over-the-counter medications. These are considered food supplements and do not require the same strict control as medications. The claims, which are made, have not been based on scientific evidence in most cases, and many of these substances have had no research performed to substantiate their claims. The potential adverse and/or harmful effects of these substances have not been studied, but serious adverse effects have been reported in some instances. These substances are sometimes mislabeled, and there have been instances of substances not listed on the label being contained in the product. These substances may cause you to fail a drug test. **YOU WILL BE HELD RESPONSIBLE FOR EACH AND EVERY SUBSTANCE THAT ENTERS YOUR BODY!!**

The purpose of this communication is to inform each student-athlete prior to his or her arrival to the Southwestern campus that the college has a drug-screening program that is required of all athletes if they choose to participate in athletics. Our purpose is to provide each and every athlete the opportunity to achieve his or her potential on the field or court while earning an academic degree that will provide significant career opportunities. A consent form must be signed prior to certification of eligibility.

Student Athlete's Initials _____

G. Student-Athlete Authorization/Consent for Disclosure of Protected Health Information

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel representing the Southwestern College and the Southwestern College Athletic Department to release information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics. This protected health information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, parents/guardians, hospitals and/or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, medical supply vendors and/or service companies, academic counselors, athletic and/or university administrators, chaplains and/or clergy members, sports information staff and members of the media.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Southwestern College. I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer, but if I do, it will not have any effect on actions Southwestern College or the Southwestern College Athletic Department took in reliance on this authorization/consent prior to receiving the revocation. I also understand that I may inspect or obtain a copy of any records or information used or disclosed under this authorization/consent.

Student Athlete's Initials _____

H. OTC/Prescription Medication Authorization

I, _____ hereby give Southwestern College Athletic Training Staff permission to order, carry, and dispense Over-the-Counter medications in individual dosing packs for the purposes of pain management, swelling control, relief of allergies, hay fever, upset stomach, diarrhea, acid reflux, and other minor conditions that can be treated by Over-the-Counter medications. I understand that it is my responsibility to read and follow all dosing instructions on the medications given.

I also give Southwestern College Athletic Training Staff permission to store and carry prescription medications that I may need during the course of an athletic practice or game in their medical supplies. This applies to home and away varsity athletic events and practices.

Prescription Medications that the Athletic Training Staff has permission to carry and dispense are **(please list name of medication, prescribing Physician, and dose)**:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Student Athlete's Initials _____

I. Heat Acclimatization / Performance Enhancing Supplement Questionnaire

- 1. Have you ever had any form of heat stress problems before? **If yes, please check which one.**
 - A) Heat exhaustion _____
 - B) Heat stroke _____
 - C) Dizziness _____
 - D) Fainting _____

- 2. If you **answered yes** to the above question, how many times did that particular problem occur and when did it happen?

3. Were you on any form of conditioning program during the summer? **If the answer is yes, briefly explain your program:**

4. Did you work in an air-conditioned building during the summer (explain)?

5. Are you presently on a diet? If yes, what kind of diet? Who designed it?

6. Have you been restricting your water intake for any reason? **If yes, explain why:**

7. Have you recently (last 2 weeks) had a cold, problem with vomiting, or diarrhea? **If yes, please explain:**

8. Are you currently on any medication? **If yes, list the name and/or purpose of the medication:**

9. Are you currently taking any performance enhancing supplements?

10. If you **answered yes** to the above question, indicate all the supplements that you are taking and how often.

11. Are you anticipating taking any additional supplements during the season? **If yes, what are you planning on taking?**

Student Athlete's Initials _____

By signing below I have read, understand and approve of Parts A-I

Name of Student-Athlete: _____

Sport(s): _____

Signature of Student-Athlete: _____ Date: _____

Social Security Number of Student-Athlete: _____

Date of Birth of Student-Athlete: _____

Name of Parent or Legal Guardian: _____ Phone: _____

Home Address: _____
Street/PO Box City State Zip

Emergency Contact: _____ Phone: _____

Home Address: _____
Street/PO Box City State Zip

Signature of Parent/Legal Guardian: _____ Date: _____

(If student-athlete is under 18 years of age)