

**Adams State University Athletics**  
**Pre-Participation Medical Packet**  
**Forms & Information**

**READ ALL INFORMATION**

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**READ ALL INFORMATION**

Please read the Athletic Training Room rules that are posted on the website or by the front door of Athletic Training Room.

**READ ALL INFORMATION**

**DO NOT RETURN THIS PACKET TO YOUR COACH, SEND IT TO THE ADDRESS BELOW! FULLY COMPLETED BY AUG 1!**

Head Athletic Trainer  
Adams State University  
208 Edgemont Blvd.  
Alamosa, CO 81101

# Adams State University Grizzlies Pre-Participation Medical Packet

**NEW INFORMATION, READ CAREFULLY!**

## **Health History and Physical Examination Form**

All Adams State University student-athletes must complete all forms in the packet to participate in ASU athletics. All student-athletes must have a physical every year. All new student-athletes, freshman, transfers... must have a current physical. This physical must be completed within 3 months of the start date of your team's practices. If the student-athlete is injured or had surgery between the physical and the start date of practices the student-athlete must be cleared medically by the doctor who performed the surgery. The athletic training room must have proof of this clearance with the doctor's signature and contact information. **If the packet is not complete and turned in, the student-athlete will not participate in any team activities until complete.** Signatures from parents/guardians are required on some of these forms.

## **Medical Insurance Authorization Form**

Adams State University Athletics requires all intercollegiate student-athletes to have their own primary insurance policy that covers them up to the NCAA's catastrophic injury insurance program of \$90,000 before participation. **ALL MEDICAL BILLS ARE THE RESPONSIBILITY OF THE STUDENT-ATHLETE/POLICY HOLDER.** This policy must cover intercollegiate athletic injuries. Be aware that ASU does not carry secondary insurance. And, understand that not all policies cover athletic injuries in Colorado, or in Alamosa. So please investigate the policy that is covering the student-athlete, so that if necessary, the student-athlete can receive appropriate, timely medical attention. Please read the enclosed insurance letter and fill out the Medical Insurance Authorization and Insurance Requirement forms. A copy of the insurance card (front and back) is required with the rest of the forms before participation will be allowed. Should you need to purchase insurance, Adams State University works with local insurance companies to offer those student-athletes who need coverage, a policy that is affordable and covers athletic injuries here in Alamosa. For this information please contact CIA-Leavitt at #(719) 589-3611, or the Insurance One Agency at #(719) 589-4711. If you need an insurance policy please begin this process as soon as possible because many insurance companies require a processing period. The Sliding Fee Discount Program offered by Valley Wide Health Systems will not work as it is not an insurance program. The student-athlete must have a primary insurance. Understand that should an injury occur, the athlete will be required to report it to the ASU Athletic Training Staff and receive the necessary paperwork to take to the doctor they see.

## **Sickle Cell Trait Policy**

On April 13, 2010 the NCAA and National Athletic Trainers Association have put out recommendations and consensus statements regarding sickle cell trait and athletic participation. NCAA Division II approved a new rule requiring testing of all DII athletes. ASU Athletic Training Staff highly recommends every athlete be tested due to the complications that can occur in athletics and at an increased elevation. SEE ATTACHED POLICY FOR MORE INFORMATION.

## **Pregnancy Policy**

The Adams State University Athletics Department has instituted a Student-Athlete Pregnancy Policy for the protection of our student-athlete and her developing child. Pregnancy is treated as a temporary disability. The NCAA rules permit a one-year extension of eligibility for a female student-athlete for reasons of pregnancy. A student-athlete's pregnancy does not affect her Athletic Grant-In-Aid; however pregnancy does place unique challenges on student athletes (male/female). SEE ATTACHED POLICY FOR MORE INFORMATION.

**NEW INFORMATION, READ CAREFULLY!**

**All information in this packet must be completed and returned together prior to August 01**

Return to:  
Head Athletic Trainer  
Adams State University  
208 Edgemont Blvd.  
Alamosa, CO 81101

**Do NOT return to your Coach!!!**

## **NCAA Catastrophic Insurance**

Please note, all Adams State University student-athletes, student athletic trainers, student-coaches, student-managers, practice players and cheerleaders must provide evidence of insurance that includes coverage for athletically-related injuries. This is a pre-requisite for practice and competition. No student will be allowed to participate in any way until such evidence of current insurance coverage is on file with the Adams State University department of athletics. The enclosed Acknowledgement of Insurance Requirements form and a photocopy of the insurance card, both sides, must be on file before a student can participate.

Should insurance coverage lapse or be terminated the athlete or policy holder will be responsible for all medical bills.

Insurance coverage must have an upper limit of at least \$90,000, and cover athletic-related injuries. If your insurance does not meet these requirements, Adams State University will review the individual circumstances to determine if the insurance meets the insurance coverage requirement.

Adams State University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at Adams State University.

If you have questions regarding the terms of your coverage, you should contact your insurer immediately. Please be sure to note if there are any exclusions in your policy regarding athletically-related injuries.

The NCAA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a \$90,00 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at Adams State University. It is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA's website at [www.ncaa.org](http://www.ncaa.org).

If you have any questions regarding this requirement, please contact me at (719) 587-7401

Please fill out the Policy Holder Attestment form

Larry Mortensen  
ASU Director of Athletics

## **Adams State University Sexual Harassment/Violence/Title IX Information**

Please contact Joel Korngut for any questions or concerns at:  
Joel Korngut, Director of the office of Equal Opportunity  
Student Union Building Room 329  
Alamosa, CO 81101  
#719/587-8213  
[joelkorngut@adams.edu](mailto:joelkorngut@adams.edu)

## **Adams State University - Intercollegiate Athletics Sickle Cell Trait Policy**

On April 13, 2010 the NCAA and National Athletic Trainers Association have put out recommendations and consensus statements regarding sickle cell trait and athletic participation that will be in effect as of the 2010-11 academic year. NCAA Division I recently approved a new rule requiring testing of all DI athletes.

Sickle cell trait is not a disease; it is a term for a hereditary condition. It is different than sickle cell anemia. Sickle cell trait is a genetic trait that can cause red blood cells to change shape during extreme physical exertion or at altitude. This change of shape “sickling” can cause an increased risk for athletes. When red blood cells change shape and “sickle” they can logjam in blood vessels, blocking the blood flow, causing collapse and possibly death.

Exertional sickling has killed more than a dozen athletes in the past four decades; University football players, military recruits, high school athletes (one female basketball player), and elementary school aged football players. The U.S. military has found that recruits with sickle cell trait had 30 times higher risk of exercise related death than their negative sickle cell trait counterparts.

Certain other factors can contribute to this risk: altitude, dehydration, asthma, and heat. Since Adams State University is at such a high altitude 7544ft we think it is even more important for our athletes to understand the importance of knowing if they have sickle cell trait, signs and symptoms to watch out for, and the modifications that will be made for them if necessary. Having sickle cell trait in no way excludes people from athletic participation.

At this time testing is not mandatory here at ASU, but **highly** recommended for all athletes. Sickle cell trait is more common in areas of malaria (Africa, Mediterranean, Middle East, India, Caribbean, South and Central America). It is an adaptation to protect against severe malaria infections. Though the sickle cell trait is more common in those populations it can be found in all races. One in 12 black Americans and one in 2000 white Americans have the trait. Many babies are tested for the trait, but if athletes don't know if they have the trait, a new test can be preformed. A positive test **will not** disqualify the athlete but will help if a problem occurs.

Signs and symptoms of sickling are similar to heat and cardiac collapse, but are slightly different. They include muscle ‘cramping’ especially in the legs, butt and low back, pain, swelling, weakness, tenderness, inability to “catch breath,” and fatigue. If caught early sickling can be stopped and the athlete can recover easily. If the athlete doesn't stop, sickling collapse can occur which is a medical emergency and can lead to death.

Precautions for those that have sickle cell trait are: Build up slowly, longer periods of rest and recovery, preseason and year round strength programs (to help with acclimatization), cessation of activity with symptoms, avoid or care for predisposing characteristics (heat stress, dehydration, asthma, illness, altitude).

The ASU athletic department and medical staff strongly encourage everyone to be tested to help avoid any complications that may occur. Please get tested during your physical and let us know the results. More information can be found at the NCAA.org website, in the Health & Safety section, under “The Student-Athlete With Sickle Cell Trait Education Materials.”

**[http://www.ncaa.org/wps/portal/ncaahome?WCM\\_GLOBAL\\_CONTEXT=/ncaa/ncaa/academics+and+athletes/personal+welfare/health+and+safety/sicklecelltrait](http://www.ncaa.org/wps/portal/ncaahome?WCM_GLOBAL_CONTEXT=/ncaa/ncaa/academics+and+athletes/personal+welfare/health+and+safety/sicklecelltrait)**

## Adams State University - Intercollegiate Athletics Pregnancy Policy

The Adams State University Athletics Department has instituted a Student-Athlete Pregnancy Policy for the protection of our student-athlete and her developing child. Pregnancy is treated as a temporary disability. The NCAA rules permit a one-year extension of eligibility for a female student-athlete for reasons of pregnancy. A student-athlete's pregnancy does not affect her Athletic Grant-In-Aid; however pregnancy does place unique challenges on student athletes (male/female).

Procedure: Though not required the student-athlete should inform their Athletic Trainer or Coach, as well as their personal physician/OBGYN, and family at the earliest known date of pregnancy so that appropriate medical and emotional support can be available. If the student-athlete is pregnant their scholarship will remain in place for the remainder of the granting year (NCAA bylaw 15.3.4.3). If the student-athlete desires to continue to participate in their sport they will be given information regarding the risks of participation. They must sign an informed consent form and meet with and be cleared by a panel of support staff including the following: Personal Physician and/or Team Physician, Athletic Trainer, Senior Women's Administrator and/or Athletic Director, and Head Coach. Based off of the NCAA guideline 3b participation during pregnancy is possible up to the 14<sup>th</sup> week depending on sport\* and healthcare provider's approval. (*\*each case will be evaluated on an individual and sport basis, and treated appropriately. For example an athlete in a lower risk sport such as swimming would be able to participate longer than an athlete in a higher risk sport such as soccer.*)

Our policy is based off of information from the NCAA Sports Medicine Handbook which includes the following guidelines:

The safety of participation should be dictated by the movements and physical demands required to compete in that sport. Many medical experts recommend that women avoid participating in competitive contact sports after the 14<sup>th</sup> week of pregnancy. Athletic activities associated with a high risk of falling should be avoided during pregnancy.

Women with medical conditions that place their pregnancies at a high risk for complications should avoid physical activity until consultation with their obstetrician.

The ACSM discourages heavy weight lifting or similar activities that require straining or valsalva. Exercise in the supine position after the first trimester should be avoided because it may cause venous obstruction. If any of the following warning signs occur terminate exercise while pregnant: vaginal bleeding, shortness of breath before exercise, dizziness, headache, chest pain, calf pain or swelling, pre-term labor, decreased fetal movement, amniotic fluid leakage, muscle weakness.

During exercise discontinue activity when feeling over-exerted or when any warning signs occur. Take care to remain well-hydrated and avoid over-heating.

NCAA rules permit a one-year extension of the five-year period of eligibility for a female student-athlete for reasons of pregnancy.

The Athletics Department at Adams State University does not encourage student-athletes to terminate a pregnancy because of financial or psychological pressure or fear of losing their Athletic Grant-In-Aid. It is an important decision that is personal and should not involve any sort of coercion or pressure by a coach, athletic trainer, or administrator.

Where to go for help?

-ASU Counseling and Career Center Office 719-587-7746

Richardson Hall Suite 220

Director Gregg Elliott

-SLV Women's Resource Center 719-589-6698

9211 Main Suite E (in the Villa Mall)

Alamosa

-Planned Parenthood 719-589-4906

1560 12<sup>th</sup> Street Suite 3

Alamosa

Local doctors/OBs

-David Frow, MD OB/GYN

SLVRMC: Physician Services 106

Blanca Ave 719-589-8028

-Kendal Snider, MD OB/GYN

SLVRMC: Physician Services 106

Blanca Ave 719-589-8028

-Kristina Steinberg, MD Family Practice/OB

Valley Wide Health Systems 1710

1<sup>st</sup> Street 719-589-3658

# CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

## WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
  - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

## HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

## WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

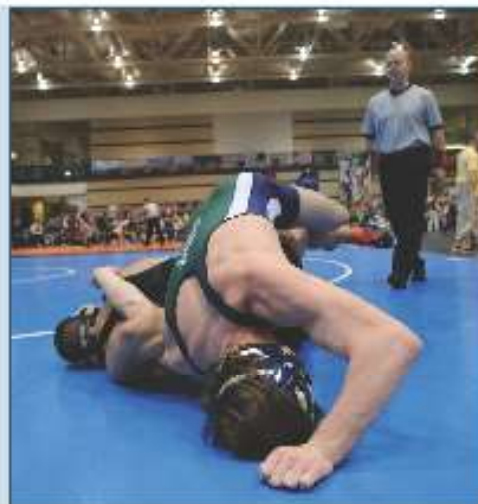
## WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.  
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit [www.NCAA.org/health-safety](http://www.NCAA.org/health-safety) and [www.CDC.gov/Concussion](http://www.CDC.gov/Concussion).



Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services.

Adams State University - Intercollegiate Athletics – Form 1

Medical History

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_
Sport: \_\_\_\_\_ Male/Female \_\_\_\_\_ Parent / Guardian \_\_\_\_\_
Student-Athlete Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Parent / Guardian Address \_\_\_\_\_
Athletic Eligibility \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please circle Yes or No and fill out the following thoroughly from the day you were born until today.
Any "yes " answers please briefly explain, and put down the side and date of injury.

Orthopedic

- 1. Yes No Concussions (Number) \_\_\_\_\_ Dates \_\_\_\_\_ Hospitalized \_\_\_\_\_
2. Yes No Skull Injuries (Number) \_\_\_\_\_ Dates \_\_\_\_\_ Hospitalized \_\_\_\_\_
3. Yes No Neck Injuries (Number) \_\_\_\_\_ Dates \_\_\_\_\_ Hospitalized \_\_\_\_\_
4. Yes No Shoulder Injuries \_\_\_\_\_
5. Yes No Elbow Injuries \_\_\_\_\_
6. Yes No Arm/Wrist/Hand Injuries \_\_\_\_\_
7. Yes No Rib/Chest Injuries \_\_\_\_\_
8. Yes No Back Injuries \_\_\_\_\_
9. Yes No Hip/Pelvic Injuries \_\_\_\_\_
10. Yes No Thigh Injuries \_\_\_\_\_
11. Yes No Knee Injuries \_\_\_\_\_
12. Yes No Lower Leg/Shin Splints injuries \_\_\_\_\_
13. Yes No Ankle Injuries \_\_\_\_\_
14. Yes No Foot Injuries \_\_\_\_\_
15. Yes No Muscle Injuries \_\_\_\_\_
16. Yes No Any X-Ray, MRI or Fractures (other than mentioned) above \_\_\_\_\_

Past Illnesses / Medical Problems

- 1. Yes No Non-Medical Allergies \_\_\_\_\_
2. Yes No Medicine Allergies \_\_\_\_\_
3. Yes No Currently taking any Medications, Drugs or Vitamins \_\_\_\_\_
4. Yes No Frequent Headaches \_\_\_\_\_
5. Yes No Fainting Spells, Dizziness, Weakness \_\_\_\_\_
6. Yes No Epilepsy, Convulsions \_\_\_\_\_
7. Yes No Frequent Nosebleeds \_\_\_\_\_
8. Yes No Frequent Colds \_\_\_\_\_
9. Yes No Pneumonia \_\_\_\_\_
10. Yes No Difficulty Hearing \_\_\_\_\_
11. Yes No Vision Problems \_\_\_\_\_
12. Yes No Contacts or Glasses \_\_\_\_\_
13. Yes No Rheumatic Fever \_\_\_\_\_
14. Yes No Scarlet Fever \_\_\_\_\_
15. Yes No Any one under 50 years of age in your family die of heart problems \_\_\_\_\_
16. Yes No Heart Murmur? Heart Disease? Palpitations? \_\_\_\_\_
17. Yes No High Blood Pressure \_\_\_\_\_
18. Yes No Arthritis \_\_\_\_\_
19. Yes No Diabetes \_\_\_\_\_
20. Yes No Abnormal Bleeding Tendencies \_\_\_\_\_
21. Yes No Anemia \_\_\_\_\_
22. Yes No Thyroid Disorders \_\_\_\_\_
23. Yes No Skin Disorders \_\_\_\_\_
24. Yes No Loss or serious impairment of a Paired Organ \_\_\_\_\_
25. Yes No Abdominal Problems \_\_\_\_\_
26. Yes No False Teeth or Bridge \_\_\_\_\_
27. Yes No Are you unhappy with your current weight ? \_\_\_\_\_
Would you Gain?(how much?) \_\_\_\_\_ Lose? (how much?) \_\_\_\_\_
28. Yes No Hernia \_\_\_\_\_
29. Yes No Menstrual Problems \_\_\_\_\_
30. Yes No Any Hospitalizations \_\_\_\_\_

Additional Comments on any particular problem \_\_\_\_\_

Above statements are correct and true: Student Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Adams State University – Intercollegiate Athletics – Form 2**  
**Pre-participation Physical Examination**

Women's Sport(s) \_\_\_\_\_ Men's Sport(s) \_\_\_\_\_ Examination Date \_\_\_\_\_

1. **Name** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_  
 (Print) Last First M.I. Phone #  
 SSN \_\_\_\_\_ Athletic Eligibility Level: Fr \_\_\_ So \_\_\_ Jr \_\_\_ Sr \_\_\_

\_\_\_\_\_  
 Parent/Guardian Name(s) \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ORTHOPEDIC EXAM BEGINS HERE:**

Orthopedic Surgeries (Yes) (No) \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Neck/Back \_\_\_\_\_  
 Upper Extremities \_\_\_\_\_  
 Lower Extremities \_\_\_\_\_ Right Left

2. **GENERAL MEDICAL EXAM BEGINS HERE:**

ASU Health History \_\_\_\_\_

3. Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Eyes: R20/\_\_\_ L20/\_\_\_ With/Without Correction  
 Pupils: R> = <L Contacts/Glasses Yes / No  
 Pulse (rest) \_\_\_\_\_ BP (sit-L arm) \_\_\_\_\_ / \_\_\_\_\_

4. Head \_\_\_\_\_  
 Ears \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Lymph Nodes \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Abdomen \_\_\_\_\_  
 Genitalia(M) \_\_\_\_\_ Hernia(M) \_\_\_\_\_  
 Date of last Menstrual cycle \_\_\_\_\_  
 Dental \_\_\_\_\_

5. Immunization: Tetanus \_\_\_\_\_  
 MMR \_\_\_\_\_  
 Hep B \_\_\_\_\_  
 Urine Analysis (Dipstick): Normal \_\_\_ Abnormal \_\_\_  
 SCA Trait (All Athletes) \_\_\_\_\_  
 Other \_\_\_\_\_

6. Approved \_\_\_\_\_ (No Medical Reason to Disqualify)  
 Deferred \_\_\_\_\_ (See below) Not Approved \_\_\_\_\_  
 Recommendations \_\_\_\_\_

Shoulder – GH & AC Prominence		
Knees – Effusion		
Patella – Tenderness		
Crepitus		
Apprehension Test		
Med. Col. Lig. at 0°		
at 30°		
Lat. Col. Lig. at 0°		
at 30°		
Ant. Cruc. Lig. – Drawer Sign		
Lachman		
End Point		
Pivot Shift		
Post. Cruc. Lig. – Drawer Sign		
Med. Meniscus Signs		
Lat. Meniscus Signs		
Ankles – Inversion, Eversion		
Ant. Drawer Sign		

**Physician (Please Print):** \_\_\_\_\_  
**Physician Signature:** \_\_\_\_\_  
**Medical Clinic Address:** \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 Restrictions: \_\_\_\_\_



**Adams State University - Intercollegiate Athletics – Form 3  
Confirmation of Primary Insurance**

**IMPORTANT!! READ ALL INFORMATION**

1. All student-athletes are required to have private health/accident insurance that covers intercollegiate athletic injuries, up to \$90,000, for a minimum of the academic year. **Any student-athlete that does not have or lets their health insurance policy lapse will be ineligible to participate in conditioning, practices and/or competition with ASU athletic teams until health insurance is reinstated.** No student-athlete will be allowed to participate until verification of insurance is on file in the Athletic Training Room. Verification is the previous forms filled out and a copy of the insurance card, front and back.
2. The student-athlete/insurance holder will be responsible for total payment of their medical bills.
3. **If a student-athlete gets injured and during the billing process it is found out the student-athlete's insurance has been dropped or there is no coverage for any reason, that student-athlete will be responsible for total payment of all medical expenses, and will not resume activities with the ASU athletic teams until the insurance is reinstated.**
4. If a student-athlete has outstanding bills to medical providers and has not made payment arrangements with those providers, that student-athlete may not be able to participate in conditioning, practices, and/or competition until resolved.
5. If the student-athlete's health insurance is out-of-area in Alamosa or a guest form for coverage can not be obtained, **the student-athlete is responsible for knowing how to obtain medical service when outside of the insured area (i.e. HMO's, Kaiser Permanente).** It is important that the insured understand that in some instances follow-up medical treatment must be obtained in the coverage area. This may require the student-athlete to travel, at their own expense, to the proper coverage area for treatment.
6. In case of an injury, the student-athlete, the hospital, or physician's office will file the claim with the student-athletes insurance carrier. **It is ultimately the student-athletes'/policy holder's responsibility to make sure that all the medical expenses are resolved.**

I understand that if I drop my primary insurance coverage I will be financially responsible for any and all athletic injury claims and therefore release Adams State University of liability. I further agree that I may seek other medical consultation ONLY upon consultation with the Head Athletic Trainer or Team Physician.

Name \_\_\_\_\_ Sport \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(Print Name of Participant)

Signature of Student Athlete

Date

Signature of Policy Holder

Date

**Adams State University - Intercollegiate Athletics – Form 4  
Waiver and Release of Liability**

**DISCLAIMER:** ADAMS STATE UNIVERSITY IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE INTERCOLLEGIATE ATHLETIC PROGRAM FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF ADAMS STATE UNIVERSITY, ITS AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue Adams State University, Adams State Board of Trustees, The Adams State Intercollegiate Athletic Department, and any of their employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Adams State University or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in Adams State Intercollegiate Athletic activities or any activities incidental thereto, wherever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that intercollegiate athletics can be a vigorous activity involving severe cardiovascular stress and/or violent physical contact. I understand that Intercollegiate Athletics involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that intercollegiate athletics involve a particularly high risk of knee, head, and neck injury. In addition, I understand that participation in the Adams State Intercollegiate Athletic program involves activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in this Intercollegiate Athletic program with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Adams State University and others listed for any and all claims arising as a result of my engaging in or receiving instruction in Adams State Intercollegiate Athletic activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Colorado and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Colorado.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies, which may be available to me for the ordinary negligence of Adams State University, or any of the parties listed above.

Name \_\_\_\_\_ Sport \_\_\_\_\_  
(Print Name of Participant)

\_\_\_\_\_  
(Signature of Participant) Date

\_\_\_\_\_  
(Signature of Parent/Gaurdian if Participant is Under 18) Date

**Adams State University – Intercollegiate Athletics – Form 5**  
**Student-Athlete Authorization of Personal Information Consent and**  
**Medical Treatment Consent**

I understand that my injury illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPPA) or the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) and may not be disclosed without either my authorization under HIPPA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that ASU will not condition any health care treatment or payment, enrollment in a health plan, or receipt of any benefits on whether I provide the consent or authorization requested for this disclosure. However, if this form is not completed and signed the medical staff reserves the right to refer to another health care professional and not treat the person/injury presented to the athletic training staff. However, I understand that the release and/or use of certain information (otherwise protected) contained in the educational, financial, or medical records of student-athletes is often necessary for the conduct of day-to-day athletic business for the pursuit of the mission and goals of Adams State University’s athletic program.

I agree to allow ASU athletic training staff, physicians, and other health care personnel to disclose and discuss medical information with appropriate health care personnel, (doctors, athletic trainers, nurses, chiropractors...), coaches, athletic administration, covering insurance company and my parents or legal guardians in regards to participation/competition and injury status.

I agree to follow the rules set forth by the NCAA, RMAC, ASU, Athletic Department and all departments there-in, and team rules. These such rules can be found on said websites and through the coach of the individuals sport or the athletic department. The student-athlete agrees to report their injuries and illnesses to the ASU Athletic Training staff, which includes signs and symptoms of a concussion. This information can be found on the NCAA website in the Health & Safety section. Should a student-athlete be non-compliant with the ASU Athletic Training staff or medical doctors, the staff reserves the right to not treat the student-athlete and remove them from the athletic training room without liability and not allow them to participate in team activities until cleared by the ASU Athletic Training Staff.

I agree to allow members of the ASU faculty to disclose my academic progress to assist in ensuring that I maintain appropriate academic progress toward NCAA, RMAC and ASU Athletic Department eligibility regulations.

I agree to allow appropriate ASU personnel to monitor my full or part-time status (12 credits).

I agree to allow a member of the ASU Athletic staff to submit my name, photograph, academic major, academic class, academic standing, GPA, home town, parents names, my date of birth, and other biographical information, etc.; in regards to academic awards or achievements – Academic All-American, Athletic Director’s Honor Roll, other University honors, awards and societies, and RMAC Academic-All Conference teams. I agree to allow the ASU Sports Information Department to release basic information to media outlets concerning participation status in areas such as: medical, eligibility, and disciplinary (University/team rules).

*Examples:* Billy will not play in today’s game due to disciplinary actions regarding team rules.  
Billy will not play in today’s game due to a knee injury.

I am accountable for all NCAA, Rocky Mountain Athletic Conference, University, and Athletic Department policies as stated in the NCAA Manual (viewable at [www.ncaa.org](http://www.ncaa.org)), and Student-Athlete Handbook.

The privacy and dignity of the student-athlete is paramount. The ASU Athletic Department, to the full extent possible under State and Federal Law, will protect every student-athlete.

\_\_\_\_\_  
(Student-athlete signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian signature {if student-athlete is a minor})

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Participating on the team(s))

\_\_\_\_\_  
(Academic Year)

**Adams State University – Intercollegiate Athletics - Form 6**  
**Concussion Disclosure Acknowledgement Waiver**

Adams State University Athletic Training Department has a responsibility to educate its student-athletes of the signs and symptoms of mild traumatic brain injuries; otherwise known as concussions. The Sports Medicine staff is trained to recognize those that may present with concussive-type symptoms. However, many concussions can go unreported. It is imperative that those student-athletes who suspect they may be suffering from a concussion report it to their Certified Athletic Trainer or team physician. Below you find the definition of a concussion and common signs and symptoms:

**Definition:**

A Concussion is the most common type of brain injury. It is the result of a direct blow to the head or body causing the head and brain to move quickly back and forth. This injury typically results in impairment of neurological function. The brain ceases to function normally and may result in the signs and symptoms listed below. It is important to understand the signs and symptoms listed below are common for a concussion, but may exist independently of one another:

- Headache
- Neck Pain
- Nausea
- Vomiting
- Loss of appetite
- Balance problems/Dizziness
- Drowsiness/Fatigue
- Difficulty Sleeping
- Nervousness/Anxiety
- Sensitivity to light/noise
- Continued double vision
- Altered Emotions
- Ringing in the Ears
- Feeling Slowed Down
- Feeling in a “fog”
- Difficulty concentrating or remembering
- Confusion/Disorientation
- Blurred Vision

By signing below, I acknowledge that I have read and understood the information regarding concussions that apply to my particular sport. I acknowledge that I have received the NCAA handout regarding concussions. I know and understand that I should notify the proper athletics healthcare provider(s) when I suspect I may have a sustained a concussion. I take full responsibility for notifying sports medical staff if I think I may have a concussion, and I also take full responsibility for any injuries or other problems that might occur to me or others as a result of a concussion.

\_\_\_\_\_  
(Student-athlete signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student-athlete printed name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian signature {if student-athlete is a minor})

\_\_\_\_\_  
(Date)

**Adams State University – Intercollegiate Athletics - Form 7**  
**Sickle Cell Trait Information, Policy and Waiver**

Recently the NCAA and National Athletic Trainers Association have put out recommendations and consensus statements regarding sickle cell trait and athletic participation. NCAA Division I recently approved a new rule requiring testing of all DI athletes.

Sickle cell trait is not a disease; it is a term for a hereditary condition. It is different than sickle cell anemia. Sickle cell trait is a genetic trait that can cause red blood cells to change shape during extreme physical exertion or at altitude. This change of shape “sickling” can cause an increased risk for athletes. When red blood cells change shape and “sickle” they can logjam in blood vessels, blocking the blood flow, causing collapse and possibly death.

Exertional sickling has killed more than a dozen athletes in the past four decades; college football players, military recruits, high school athletes (one female basketball player), and elementary school aged football players. The U.S. military has found that recruits with sickle cell trait had 30 times higher risk of exercise related death than their negative sickle cell trait counterparts.

Certain other factors can contribute to this risk: altitude, dehydration, asthma, and heat. Since Adams State University is at such a high altitude 7544ft we think it is even more important for our athletes to understand the importance of knowing if they have sickle cell trait, signs and symptoms to watch out for, and the modifications that will be made for them if necessary. Having sickle cell trait in no way excludes people from athletic participation.

At this time, testing has been made mandatory by the NCAA for all DI & DII student-athletes. Sickle cell trait is more common in areas of malaria (Africa, Mediterranean, Middle East, India, Caribbean, South and Central America). It is an adaptation to protect against severe malaria infections. Though the sickle cell trait is more common in those populations it can be found in all races. One in 12 black Americans and one in 2000 white Americans have the trait. Many babies are tested for the trait, but if athletes don’t know if they have the trait, a new test can be preformed. A positive test **will not** disqualify the athlete but will help if a problem occurs.

Signs and symptoms of sickling are similar to heat and cardiac collapse, but are slightly different. They include muscle ‘cramping’ especially in the legs, butt and low back, pain, swelling, weakness, tenderness, inability to “catch breath,” and fatigue. If caught early sickling can be stopped and the athlete can recover easily. If the athlete doesn’t stop, sickling collapse can occur which is a medical emergency and can lead to death.

Precautions for those that have sickle cell trait are: Build up slowly, longer periods of rest and recovery, preseason and year round strength programs (to help with acclimatization), cessation of activity with symptoms, avoid or care for predisposing characteristics (heat stress, dehydration, asthma, illness, altitude).

Please get tested during your physical and include the results in with your physical and pre-participation medical packet. If you do not wish to be tested you must sign this waiver releasing ASU from the knowledge of the condition and all associations with the condition.

\_\_\_\_\_  
(Student-athlete signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian signature {if student-athlete is a minor})

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Participating on the team(s))

\_\_\_\_\_  
(Academic Year)

**Adams State University –Intercollegiate Athletics – Form 8  
Medical Insurance Authorization**

Copy the front and back of your insurance card and attach it to this form

Please type or print legibly.

Student-Athlete's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Student-Athletes Cell # (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_  
Sport \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**Emergency Contact Information**

Contact Name 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Name 2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Responsible Parent / Guardian**

Name of Father \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Name of Mother \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Address of parent or guardian (include zip code): \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Phone

Name of Insurance Company: \_\_\_\_\_  
Address for claims \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ ID Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Policy Effective Date \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_  
Does this Policy cover Intercollegiate Athletic Injuries? \_\_\_\_\_  
*If "NO" you must provide a rider or other insurance that does cover these injuries.*  
Phone for pre-certification (\_\_\_\_) \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Policy Limit: \_\_\_\_\_ Policy Deductible: \_\_\_\_\_ Policy Co-Pay: \_\_\_\_\_  
Does your insurance require a referral? (circle one) YES NO  
Primary Care Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I understand that Adams State University's (ASU) Athletic Department is not an insurance policy holder and that I am required to maintain primary coverage for the duration of the sports seasons, as well as coverage after the season for any unresolved intercollegiate athletic injuries sustained at ASU.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**POLICY HOLDER ATTESTMENT**

I, \_\_\_\_\_, as the policy holder of insurance that covers the following student-  
(name, please print)

athlete, attest that \_\_\_\_\_, has insurance coverage under a current, in force  
(student-athlete name)

insurance policy for injuries that occur while he/she is participating in intercollegiate athletics. **If there is a material change in coverage or expiration of coverage, I agree to notify Adams State University Athletic Trainers of this development and update the insurance information I have on file with Adams State University. I will assume responsibility for all medical bills should the insurance lapse or be terminated.** I understand and agree that Adams State University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Adams State University.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Adams State University Department of Athletics  
Drug/Alcohol Education & Testing Program  
Student-Athlete Consent Form**

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of, read and been given the opportunity to ask questions regarding the Drug/Alcohol Education & Testing Program implemented for the Department of Intercollegiate Athletics at Adams State University. I understand the policies, procedures and my responsibilities as described in such policy.

As a condition to my participation in intercollegiate athletics at Adams State University, I consent to participate in the Drug/Alcohol Education & Testing Program. I understand that my participation in this program includes the collection and testing of my urine at various times during academic year for drugs, alcohol, and/or other banned substances.

I further consent to the release of the results of any drug test to the Director of Athletics or his/her designee, Assistant Director of Athletics, my Head Coach, the Head Athletic Trainer and/or Assistant Athletic Trainers, Team Physician, Appeals Committee and/or my parent(s) or guardian(s). I acknowledge and understand that a copy of this consent form may be sent to my parent(s) or guardian(s) along with a copy of the Drug/Alcohol Education & Testing Program. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

I fully understand that the Adams State University Drug/Alcohol Education & Testing Program is separate and distinct from the NCAA drug-testing program and its sanctions, however, I also understand that sanctions may be imposed by Adams State University under its Drug/Alcohol Education & Testing Program upon a positive result under the NCAA drug-testing program.

Notwithstanding anything to the contrary in the policy, I fully understand that I may be suspended from competition and/or practice by the team physician if credible evidence suggests that such competition and/or practice poses a health and safety risk to me, my teammates, and/or my competitors.

Adams State University, its officers, employees, and agents are hereby released from legal responsibility and/or liability for the release of any information and/or record as authorized by this consent form. I fully and forever release and discharge the aforementioned parties from any claims, demands, 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 Adams State University's Drug/Alcohol Education & Testing Program including those claims, demands, rights of action, or causes of action arising out of any positive result under such Drug/Alcohol Education & Testing Program.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student-Athlete

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

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
Sport(s)

\_\_\_\_\_  
Parent/Guardian Signature (if a minor)

\_\_\_\_\_  
Date