On-Campus Evaluations of Prospective Student-Athletes

For an On-Campus Prospect evaluation, Canisius College currently requires:

- 1.Signed (athlete or parent/guardian if under18yo) Prospect Evaluation Medical Clearance Form (enclosed)
- 2. Proof of Primary Medical Insurance (on Medical Clearance form)
- 3. Written MD Clearance to participate in Athletic Activity (Physical MUST be within 6 months of evaluation)
- 4. Sickle Cell Trait Paperwork Complete. This must be one of the following:
 - Proof of previous Sickle Cell trait test (signed results in physical by MD is acceptable)
 - Waiver signed declining desire to have test performed (can be completed when on campus)
 - Arrange testing before visit (results must be received before basketball evaluation can take place)

CLICK HERE>FURTHER INFORMATION ABOUT SICKLE CELL TRAIT

5. KAC Waiver

Please Note: These evaluations may be limited to certain allowable times the NCAA permits coaching presence during workouts. Please verify with the respective coaching staff first, that an evaluation with coaches present will take place.

If the coach present evaluation is not part of the visit, the only form required to be completed is the KAC Waiver

For further assistance regarding Medical Clearance for Athletic Evaluations, please contact Andy Smith, Director of Sports Medicine at 716-888-8452 or smitha@canisius.edu

Canisius College Recruiting Visit

Prospect Evaluation Medical Clearance Form

l,	DOB	, understand and
with full knowledge, the fact that	engaging in the evaluation for Car	nisius College Men's
Basketball could involve risk of pe	rsonal injury or illness. I verify tha	at I am in good physical
condition and hereby assume the	risk of any injury or illness I may s	uffer as a result of my
evaluation at Canisius College to h	neld on(up to	2 hours total). I understand
that I may be responsible for the o	cost of medical care for any injury	or illness I may sustain
during this evaluation and that co	st for these injuries may be my so	le responsibility.
l attest that I am currently o	covered with medical insurance fo	r the payment of fees
resulting from injuries I may susta		• •
covered by the NCAA Catastrophic		
		
Insurance Company	Policy Number	
I have provided medical clearance and was completed in the last 6 m Canisius College offers me on my vinformation, including but not limit	nonths. I agree to any educational visit and to sign other required for	I requirements that
information, including but not lim	ited to Sickle Cell Trait testing.	
		
Signature (must be 18 yrs old)	Date	
Parent or Guardian	Date	
The Following To	Be Completed by Sports Medicine Stat	ff Member
	complete for evaluation to be allowed.	
Proof of Primary Medical Insurance	2	
Written MD Clearance to participat	te(Physical MUST be within 6 months of ev	alaution)
Sickle Cell Paperwork Complete		
KAC Waiver		

Koessler Athletic Center

| phone 716-888-2934 | fax 716-888-3219

KAC Waiver

This release must be signed and dated by all individuals using the KAC/DSC/PATRICK LEE and Swimming Pool who are not Canisius College staff or students. Failure to sign such document will result in individuals being denied admittance.

THE COLLEGE SHALL NOT HAVE ANY RESPONSIBILITY TO PARTICIPANTS OR SPECTATORS FOR ANY INJURY OR DAMAGE TO PERSON OR PROPERTY THAT OCCURS IN OR ABOUT THE KAC/DSC/PATRICK LEE/POOL DURING THE USE OF THE KAC/DSC/PATRICK LEE/POOL BY THE INDIVIDUALS, ANY PARTICIPANT OR SPECTATOR. INDIVIDUALS HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD THE COLLEGE HARMLESS ON THE DEMAND OF THE COLLEGE FROM ANY AND ALL SUITS, ACTIONS, CLAIMS, LOSSES, COSTS, DAMAGES, FINES AND LIABILITIES (INCLUDING ATTORNEYS' FEES AND EXPENSES) ARISING OUT OF USE OF THE KAC/DSC/PATRICK LEE/POOL.

You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against Canisius College.

NAME	
DATE(S) VALID THROUGH(m	ax. 2 months)
SIGNATURE	
(Please check) FORMER STUDENT ATHLETE	
GUEST OF PROGRAM	
COACH SIGNATURE	
KAC STAFF SIGNATURE	FEE PAID