STUDENT-ATHLETE DECLARATION, MEDICAL INFORMATION & WAIVER FORM

(Any incomplete forms will be returned and you will be ineligible to play until completed)

STUDENT PLAYER INFORMATION

LAST NAME:	FIRST NAME:	
PREFERRED NAME:	PREVIOUS SURNAME/MAIDEN NAME:	
PREVIOUS POST-SECONDARY ATHLETIC PARTICIPATION AT: (GPRC, MRC, RDC, ETC.)	YEARS: (05-06 & 06-07, ETC.)	
HOME TOWN:	NAME OF LAST HIGH YOU ATTENDED?	
CITIZENSHIP STATUS:		
ALBERTA STUDENT NUMBER:	S.I.N #:	GPRC STUDENT ID#:
GENDER ☐ MALE ☐ FEMALE	DATE OF BIRTH: (MM-DD-YYYY)	JERSEY NUMBER:
YEARS OF ELIGIBILITY USED- PLEASE CHECK ☒ ONE: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5		SHIRT SIZE:
HEIGHT: ___FT/__INCHES	SPORT:	POSITION:
PROGRAM OF STUDY:		

PERMANENT ADDRESS

ADDRESS:		CITY:
PROVINCE:	POSTAL CODE:	PHONE:
CELL PHONE:	EMAIL ADDRESS:	

LOCAL ADDRESS (IF DIFFERENT THAN ABOVE)

ADDRESS:		CITY:
PROVINCE:	POSTAL CODE:	PHONE:

PHOTOS

An initial photo at the beginning of the season, and several others could/or will be taken throughout the year. They could/or will be used for the following:

- GPRC Athletics & ACAC Website
- Media (newspaper/TV, GPRC TV monitors, etc.)
- Wolves' Home Game Programs
- Any other promotional materials as required

☐ ***I agree to have my photo used in the above manner.***

PARENT'S INFORMATION

MOTHER'S NAME:	FATHER'S NAME:
MOTHER ADDRESS:	FATHER ADDRESS:
MOTHER CELL PHONE:	FATHER CELL PHONE:
MOTHER WORK PHONE:	FATHER WORK PHONE:
MOTHER E-MAIL:	FATHER E-MAIL:

EMERGENCY CONTACT INFORMATION

FULL NAME:	RELATIONSHIP TO PLAYER:
PHONE CONTACT: (DAY)	PHONE CONTACT: (EVENING)

MEDICAL INFORMATION

PROVINCIAL HEALTH CARE NUMBER:	PROVINCE:
EXTENDED HEALTH PLAN COVERAGE: (e.g., Alberta Blue Cross, etc.)	POLICY NUMBER:
GPRC STUDENT'S ASSOCIATION COVERAGE: ☐ YES ☐ NO IF NO, WHERE:	

GPRC

GPRC Wolves ATHLETICS

MEDICAL HISTORY

1. Do you have any allergies (food, medicine, bees, or other stinging insects)?	☐ YES	☐ NO
2. Are you presently taking any medications or pills (excluding birth control)?	☐ YES	☐ NO
3. Are you presently taking any vitamins or supplements?	☐ YES	☐ NO
4. Do you, or have you ever been told you have high blood pressure?	☐ YES	☐ NO
5. Do you, or have you ever been told you have an irregular heartbeat?	☐ YES	☐ NO
6. Do you, or have you ever been told you have a heart murmur?	☐ YES	☐ NO
7. Has anyone in your immediate family died of heart problems or sudden death before age 50?	☐ YES	☐ NO
8. Do you, have you had any other medical problem (epilepsy, infectious mononucleosis, diabetes, etc.)?	☐ YES	☐ NO
9. Have you ever experienced chest pain or severe shortness of breath?	☐ YES	☐ NO
10. Have you ever experienced heat exhaustion or heat stroke?	☐ YES	☐ NO
11. Have you ever had concussion(s) or head injury?	☐ YES	☐ NO
12. Do you wear glasses, contacts or protective eyewear (in practices and/or games)?	☐ YES	☐ NO
13. Have you had problems with your kidneys, bladder or genital organs such as inflammation, stone, tumour, sugar, albumin, blood or pus in the urine, urinary tract infection or sexually transmitted disease?	☐ YES	☐ NO
14. Have you ever had or been told you had any immune deficiency disorder, including AIDS or AIDS RELATED COMPLEX (ARC), or any generalized enlargement of your lymph glands, or any test results indicating possible exposure to the AIDS (e.g. HIV, HTLVIII, LAV) virus.	☐ YES	☐ NO
15. Has your weight changed more than 10lbs (4.5kg) in the past year?	☐ YES	☐ NO
16. Have you had any X-rays during the last 5 years? Give reason and results.	☐ YES	☐ NO
17. Have you had tetanus short in the last 10 years?	☐ YES	☐ NO

GPRC

GPRC Wolves ATHLETICS

If you answered YES to any of the above questions, please provide DETAILED information about the condition(s) indicated:

18. Check ☒ any areas that you have INJURED IN THE PAST:

HAND ☐	ELBOW ☐	NECK ☐	HIP ☐	SHIN/CALF ☐
WRIST ☐	ARM ☐	CHEST ☐	THIGH ☐	ANKLE ☐
FOREARM ☐	SHOULDER ☐	BACK ☐	KNEE ☐	FOOT ☐

If you checked any of the injuries above, please provide details and current status:

DATE OF INJURY	TYPE OF INJURY	IS IT STILL A PROBLEM	ARE YOU CURRENTLY RECEIVING CARE?
		☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO

Number the answers to correspond to the questions. Give particulars, condition, dates, duration, and results.

ACKNOWLEDGMENT

1. I have read the statements and answers on the previous pages. They are complete and true to the best of my knowledge and belief. I hereby agree that they shall form part of my understanding for athletic participation for which the DEPARTMENT OF WOLVES ATHLETICS at GRANDE PRAIRIE REGIONAL COLLEGE requires this Medical Information and Waiver Form.
2. I acknowledge that I have been informed of the details of the CCAA Substance Control Policy. I am aware of the testing procedures and the penalties for infractions, and I understand that it is my responsibility to comply with the guidelines contained in the CCAA Substance Control Policy.
3. I acknowledge that I have read the Student-Athlete Handbook and I will assume my responsibilities as a student-athlete at Grande Prairie Regional College.
4. The personal information on this form is collected under the authority of the College Act which mandates the provision of programs and services by public colleges, as well as under the authority of Section 32) c) of the Freedom of Information and Protection of Privacy Act. The information will be protected under the Freedom of Information and Protection of Privacy Act and will be maintained as part of your student record. Some personal information may be used for publications & web pages by: GPRC; ACAC & its member colleges; CCAA & its member colleges. Certain personal information (name, hometown, program/year of study, height, position played, etc.) will be disclosed to members of the media.
5. Athletic Director, Administrative Assistant, Coaches, Assistant Coaches and Managers also have permission to contact instructors and/or the Registrar's Office in regards to grades, attendance, etc.
6. I, the undersigned, understand clearly that by signing this waiver, I will be forever prevented from suing or otherwise claiming against Grande Prairie Regional College, its employees, practicum mentors, and practicum industries for any expenses incurred as results of injury that are not covered by provincial health care, WCB and/or student health insurance.

Please read carefully and sign indicating your acceptance and agreement. Return to your coach when completed. NOTE: All information requested will be handled in the strictest confidence.

Student-Athlete's Signature _____ Date _____

Coach's Signature _____ Date _____

Athletic Director's Signature _____ Date _____