

University of Arkansas – Fort Smith

SICKLE CELL TRAIT INFORMATION SHEET

The NCAA has established a new protocol for testing student athletes for sickle cell trait. Student athletes must either be tested for sickle cell trait, provide documented results of a prior sickle cell trait test, or sign a waiver if they decline to be tested. The NCAA and the University of Arkansas - Fort Smith recommend student athletes undergo testing for sickle cell trait.

Information about Sickle Cell Trait:

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait is a life-long condition that will not change over time. People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, India, Saudi Arabia and Caribbean and Mediterranean countries. Although universal screening is required at birth, many student-athletes do not know their status.

Usually, people with sickle cell trait do not have any medical problems and they can lead normal lives. However, sickle cell trait can change the shape of red blood cells during intense or extensive exertion, causing a blockage in blood vessels and rapid breakdown of muscles, including the heart, which may lead to a collapse or even death.

More information regarding sickle cell trait and the NCAA's recommendation for sickle cell trait testing can be found at the official website for the NCAA (www.ncaa.org).

Please indicate which of the following you plan to provide to the UAFS Sports Medicine Department. You will NOT be able to participate in any activity related to your sport this year until documentation is provided:

- ☐ A copy of "Certification of Sickle Cell Trait" signed by your physician. These records will likely be available at either the birth hospital or at the office of a long time family physician.
- ☐ A signed copy of the "Sickle Cell Waiver Form" available on the UAFS athletics website or,
- ☐ There will be sickle cell testing on site during physicals on August 21, 2012. **The cost of the test is \$10 and will be the responsibility of the student-athlete.**

Please sign and return this form by **08/01/2012** in order for the student-athlete to participate in team activities.

Student-athlete Name: _____ **Signature:** _____

University of Arkansas – Fort Smith
SICKLE CELL TRAIT TESTING WAIVER FORM

1. By signing this waiver, I am certifying that I understand that the NCAA and the University of Arkansas – Fort Smith recommend that all student athletes undergo testing for sickle cell trait. Furthermore, I have read and fully comprehend the aforementioned facts regarding sickle cell trait.
2. By providing my signature below, I confirm that I do not wish to undergo testing for sickle cell trait. In consideration of this waiver, I hereby **RELEASE, WAIVE, HOLD HARMLESS, INDEMNIFY, DISCHARGE, AND COVENANT NOT TO SUE** the University, its Trustees, officers, agents, or employees from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that may arise from my (or my minor child's) decision to forego sickle cell trait testing.
3. In signing this Sickle Cell Trait Testing Waiver Form, I acknowledge and represent that I have read the entirety of the Sickle Cell Trait Information Sheet and Waiver Form, that I understand it and sign it voluntarily, and that no oral representations, statements, or inducements, apart from the foregoing written document have been made to me on the subject matter of this document which have otherwise caused me to sign this waiver form, that I am fully competent, and that I execute this Waiver for full, adequate, and complete consideration fully intending for me (and my minor child) to be bound by the same.

I further certify that:

- ☐ I am at least eighteen (18) years of age and fully competent; or that I am
- ☐ Under eighteen (18) years of age, and my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of this Sickle Cell Trait Testing Waiver Form.

Name: _____ Date: _____

Signature: _____

Parent/Guardian Signature (if participant is under 18): _____

*** If you have any questions about this waiver form, you should contact:

Angela Mierzwiak
UAFS Sports Medicine
479-788-7686