

Mills College Athletic Training

STUDENT-ATHLETE INTERCOLLEGIATE ATHLETICS & CLUB SPORT PARTICIPANT
ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

The undersigned herewith formally acknowledges and declares the following:

I understand that participation in sport requires a personal acceptance of risk of injury.

I understand that participation in Intercollegiate Athletics and/or Club Sports at Mills College may result in injury/illness, permanent physical or mental impairment or even death. These injuries may be minor or may be career or life threatening. I understand that Mills College cannot be held responsible for any injuries or conditions that may be caused by the actions of other athletes or teams. I also understand that injuries may be caused by my failure to follow safety procedures or techniques which are made known to me by my coaching staff, athletic training staff, or by the Team Physician or are otherwise known to me from any other source including, but not limited to, medical personnel of the college.

I have read the above shared responsibility statement. I understand there are certain inherent risks involved in participating in intercollegiate athletics and/or club sports. I acknowledge the fact that these risks exist and I am willing to assume responsibility for **any and all** such risks while participating in Intercollegiate Athletics and/or Club Sports at Mills College. I also agree to the following:

- A. I voluntarily assume all risks and costs associated with my participation in Intercollegiate Athletics and/or Club Sports.
- B. I voluntarily assume all costs, *including deductibles, co-pays, medical bills, etc.* incurred as a result of injuries or illness associated with my participation in Intercollegiate Athletics and/or Club Sports.
- C. I accept and agree that Mills College and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have.
- D. I understand that I must refrain from practice while injured or ill, whether or not receiving medical care. When under medical care I may not return to participation until I have been given permission, based on independent exercise of professional judgment, by the Head Athletic Trainer, or the attending Team Physician or his/her designate after review of my condition and fitness for the rigors of my sport. This may occur during or at the conclusion of medical treatment(s).
- E. I understand that having passed the physical examination **did not** necessarily mean that I am physically qualified to participate in Intercollegiate Athletics and/or Club Sports at Mills College, but only that the evaluator did not find a medical reason to disqualify me at the time of the physical examination.
- F. I understand that if I experience an injury/illness or change in my health status **it is my responsibility** to inform my Head Coach and the Head Athletic Trainer and to adhere to the established injury management guidelines which includes rehabilitation and reassessments before I am released to return to full participation.
- G. I understand that I must wear the proper equipment as dictated by the rules of the sport. I may also have to wear padding or braces as indicated by the Head Athletic Trainer or Team Physician. Failure to do so may put me at risk for further injury.

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREED TO THE ABOVE STATEMENTS.

Printed Name

Sport

Signature

Date

Parent/Guardian Signature (if under 18 years of age)

Date

Mills College Athletic Training

SIGNATURE REQUIRED FOR PARTICIPATION

NOTIFICATION OF AND AGREEMENT TO TERMS & CONDITIONS OF MILLS COLLEGE
INTERCOLLEGIATE ATHLETICS AND CLUB SPORTS

Name: _____

Sport: _____

Date of Birth: _____

All intercollegiate athletes and club sport participants at Mills College are required to have a complete physical exam on file in the Athletic Training Department before participating in competitive intercollegiate athletics or club sports. All intercollegiate athletes and club sport participants are **required** to carry their own medical insurance.

Student-athletes and club sport participants are responsible for all medical costs incurred during their intercollegiate sports participation. All intercollegiate athletes and club sport participants at Mills College are required to have medical insurance which covers the costs of injuries that may occur during intercollegiate sports and club sports participation. Mills College provides secondary medical insurance only.

FRESHWOMEN & TRANSFER STUDENTS- you are required to submit results of a physical examination from the Mills College Team Physician or your family doctor prior to participation in Mills intercollegiate athletics and club sports.

RETURNING STUDENT-ATHLETES- you must have a previous physical exam on file from your primary care provider and have an annual "sports update" exam performed by the Mills College Athletic Trainer.

I, the undersigned, agree to keep, save and hold Mills College, its directors, trustees, officers, and employees free from all liability, penalties, losses, costs, expenses, causes of action, claims, and/or judgments arising from this agreement or the activities contemplated by this agreement and arising out of any injury or damage whether or not caused in whole or in part by the actual, implied, vicarious, active, passive or direct, indirect sole or joint conduct, negligence, strict liability or omission of Mills College or its agents or employees, to any person or persons, including without limitations from any cause or causes whatsoever during the term of this agreement or any occupancy hereunder, I, the undersigned, hereby agree to indemnify, protect and save Mills College, its agents and employees harmless of all liability, loss, obligations and attorneys fees on account of or arising out of such injuries or losses however occurring.

I certify that I have read, understand, and agree to abide by the terms and conditions of Mills College intercollegiate and club sports participation.

Student-Athlete Signature

Date

Parent/Guardian Signature (if under 18 years of age)

Date

Witness (APER Athletic Training Staff only)

Date

Mills College Athletic Training

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

*****SIGNATURE REQUIRED FOR PARTICIPATION*****

Student-Athlete: _____ Sport: _____

I hereby authorize Mills College Athletic Training Department and their representatives to release my protected health information for the purpose of diagnosis, treatment, and rehabilitation of athletic injury or illness. I hereby authorize the Head Athletic Trainer and Team Physician to share any pertinent medical information with additional medical health professionals and the Mills College Athletic Director as is deemed necessary for maintaining my safety and well-being as a Mills College student-athlete. I further authorize the release of pertinent medical information to the head coach of my sports for the purpose of practice and event participation status. If I wish to revoke this authorization, I must do so in writing and have such authorization on file with the Mills College Athletic Training Department.

I understand that I have the right for this information about me to remain confidential but that upon signing this release I authorize this information may be released to above stipulated persons. After this information is released, I understand that the Mills College Head Athletic Trainer and Team Physician have no control over its use or confidentiality as relates to the person or persons receiving it. I realize that this information may be used in a manner beneficial or detrimental to my best interest in intercollegiate athletics by those receiving it. I further acknowledge that all questions relating to the procedures for release of and potential use of my medical information have been answered to my satisfaction. This authorization expires at the conclusion of this academic year.

Athlete Signature Date

Parent/Guardian Signature (if under 18 years of age) Date

Witness (APER Athletic Training Staff only) Date

Signature to Decline Date

Mills College Athletic Training

SIGNATURE REQUIRED FOR PARTICIPATION

MEDICAL CONSENT AUTHORIZATION

I hereby grant permission to the Mills College Head Athletic Trainer, Team Physician / Consultants, and APER coaching staff, to render to myself, and/or my daughter, any treatment or medical care deemed reasonably necessary. This includes preventive care, first aid, rehabilitation, and emergency treatment. Also, if deemed necessary, I grant permission for hospitalization.

Student-Athlete Name (Please Print) Sport

Student-Athlete Signature Date

Parent/Guardian Signature (if under 18 years of age) Date

Signature to Decline Date

AUTHORIZATION TO NOTIFY PARENTS/GUARDIANS, SPOUSE OR PARTNER, OF INJURY/ILLNESS
SUSTAINED IN INTERCOLLEGIATE ATHLETICS OR CLUB SPORT PARTICIPATION

I, the undersigned, do hereby give permission for the Mills College Athletic Training Department and their representatives to release information concerning my condition/injury to my parents/guardians, spouse or partner, as listed below. All pertinent facts concerning my condition may be communicated to the party(ies) indicated below.

Name of Person(s) to notify (printed) Relation (Parent/Guardian, Spouse or Partner)

Student-Athlete Name (printed) Student-Athlete Date of Birth

Student-Athlete Signature Date

Parent/Guardian Signature (if under 18 years of age) Date

Signature to Decline Date

Mills College Athletic Training

EMERGENCY CONTACT INFORMATION – Parent/Guardian, Partner or Spouse

Student-Athlete Name: _____

Sport: _____

Who to contact in an emergency:

I. Name: _____ Relation: _____

Address: _____

(city) (state) (zip code)

Daytime phone#: _____ Evening Phone#: _____

II. Name: _____ Relation: _____

Address: _____

(city) (state) (zip code)

Daytime phone#: _____ Evening Phone#: _____

Primary Care Physician Preference: _____

Primary Care Physician Phone #: _____

Hospital Preference: _____

Dentist Preference: _____

Dentist Phone#: _____

Mills College Athletic Training

THIS INFORMATION IS REQUIRED FOR PARTICIPATION

STUDENT-ATHLETE / CLUB SPORT PARTICIPANT INSURANCE INFORMATION

***Please note that effective July, 2005, the NCAA now requires all athletes provide their institution with a copy of their current insurance card(s). You, the student-athlete, are responsible for providing the Mills College Athletic Training Department with such materials and failure to do so will result in immediate practice and competition ineligibility. If your insurance coverage changes during your participation in Mills College intercollegiate athletics you are responsible for reporting any changes immediately to the Athletic Training Department.

Student-Athlete Name: _____

Student-Athlete Date of Birth: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____
(street) (city) (state) (zip)

Parent/Guardian Phone numbers: _____
(daytime) (evening)

Do you have your own health insurance policy? _____ Yes _____ No

If yes, please give the following insurance information:

Company Name: _____

Address: _____

Policy Number: _____

Are you covered by your parent/guardian's health insurance policy? _____ Yes _____ No

If yes, please give the following insurance information:

Company Name: _____

Address: _____

Policy Number: _____

***A copy of your current insurance card(s) must be attached to this completed packet.**