

**LEGAL NAME:** \_\_\_\_\_  
Last, First MI

**SPORT(S):** WRESTLING

Coach Check	PAGES 1-7 to ATHLETIC DEPARTMENT		
	Page	Description	Instructions (IMPORTANT—READ!!!)
	1	Index (Athletic Dept.)	Index with instructions for completing each page. <b>PLEASE COMPLETE BASIC INFORMATION BELOW. This information MUST be completed in order to qualify to be eligible.</b>
	2	Eligibility Rules / Required Signatures	<b>Read ALL information and sign. Sign bottom for release of transcript information.</b>
	3-4	Questionnaire	<b>NOT FOR WRESTLERS!!! (All other sports only!)</b>
	5	NWAACC Tracer	<b>NOT FOR WRESTLERS!!! (All other sports only!)</b>
	6-7	NJCAA Forms	<b>Wrestlers Only!!! Must complete thoroughly!!!</b>

**YOU MUST ALSO REQUEST AN OFFICIAL TRANSCRIPT (for each college attended) TO BE MAILED HERE:**  
 ATTN: TRANSCRIPT EVALUATOR  
 SOUTHWESTERN OREGON COMMUNITY COLLEGE  
 1988 NEWMARK AVE. COOS BAY, OR 97420

**BASIC INFORMATION FOR ATHLETIC DEPARTMENT FILE**

Other names used:		Male or Female:	
Home Address:	City:	State:	Zip:
E-Mail Address:		Cell Phone: ( )	
High School:	Grad. Yr:	Hometown/State:	
Emergency Contact#1:	Ph: ( )	Relationship:	
Emergency Contact#2:	Ph: ( )	Relationship:	

**EXPLANATION OF PART-TIME or NON-COLLEGE ATTENDANCE:** PLEASE COMPLETE THIS INFORMATION ON PAGE 7!

**STUDENT INFORMATION AND ACCESS AGREEMENT**

- ✓ I understand and authorize the Athletic Department Staff to access and release college transcript information as it pertains to eligibility, financial aid, transfer or departmental concerns.
- ✓ I also authorize instructors to release grades to coaches and athletic department staff.
- ✓ I also give permission to the Athletic Department to use my Social Security number and Student ID# for eligibility purposes, including use on all forms and transcripts as required when sent to other schools and to the NWAACC office.

**I have read and understand the requirements and rules stated above:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A BASIC OUTLINE OF NWAACC  
ELIGIBILITY INFORMATION FOR ATHLETES**

- You must be registered in a minimum of 12 credit hours of course work each quarter you plan to participate in sports. (15 if you have a tuition waiver)
- You must have passed a minimum of 12 credit hours of course work the last quarter you were enrolled in college.
- Participation in one sport is limited to two seasons.
- You must be registered for classes within 20 days from the beginning of the quarter.
- To participate in a second season of any sport, you must earn a minimum of 36 credits from the first quarter of participation in that sport and maintain a cumulative Grade Point Average of 2.00 during any quarter of participation.
- Any time you participate in a regularly scheduled game, match or contest, you will be charged with one year of eligibility in that sport.
- You may be declared ineligible if during the sport season you represent any club, organization or team other than your college team.
- If you transfer from a community college that is a member of the NWAACC to another member college, you will be ineligible for athletic competition for a period of three quarters exclusive of summer school.
- Any student convicted for use or sale of legend drugs, including anabolic steroids, will be disqualified from in any college-sponsored athletic event or activity.

**BASIC DEPARTMENT RULES INCLUDES:**

- ✓ Maintain minimum of 12 credits per term.
- ✓ Maintain minimum 2.0 GPA.
- ✓ Abide by all team rules.
- ✓ Abide by all NWAACC sports rules.
- ✓ All equipment and team informs are checked out to each athlete and must be checked in when participation ends.
- ✓ Each sport has its own team rules in addition to those listed on the contents/instruction page.  
**Each coach will explain individual sport rules.**

**I have read and understand the requirements and rules stated above:**

→ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# NJCAA Eligibility Affidavit

SPORT: \_\_\_\_\_ Date: \_\_\_\_\_

Fill in all applicable information on this form to assist in determining eligibility for the NJCAA.

### Personal Information:

Name: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_ ID Number : \_\_\_\_\_  
(First, Middle, Last)

Student's College Address: \_\_\_\_\_  
Street Address City, State, Zip Code

Phone Number(s) at College: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Other Information:

Parent's Home Address: \_\_\_\_\_  
Street Address City, State, Zip Code

Phone Number: \_\_\_\_\_ Parents' Names: \_\_\_\_\_

### Foreign Born Students:

Are you a United States Citizen or a Permanent Resident\*? Yes \_\_\_\_\_ No \_\_\_\_\_ (\*Holder of a Green Card or USA Passport)

Are you have another type of VISA? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what type? \_\_\_\_\_

Do you have an I-20 Form on file at this college? Yes \_\_\_\_\_ No \_\_\_\_\_

### High School Information:

Name of High School(s) you have attended: \_\_\_\_\_

City, State & Country: \_\_\_\_\_

Did you graduate?: Yes\* \_\_\_\_\_ No \_\_\_\_\_ High School Graduation Date (month/year): \_\_/\_\_/\_\_\_\_

Where you home schooled? Did you graduate? Yes\* \_\_\_\_\_ No \_\_\_\_\_

Check here if you have earned a \*GED: \_\_\_\_\_ GED: Date Earned (month/year): \_\_/\_\_/\_\_\_\_

\* Enclose a COPY of your High School Diploma or GED Certificate.

### Additional Information:

1. Did you take any college credit classes while in high school? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
\* If yes, from what college(s)? \_\_\_\_\_  
\* If yes, those transcript(s) from each college must be on file at this college.

2. Have you ever signed a Letter of Intent form with any institution? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, specify the College: \_\_\_\_\_ Date (day/month/year): \_\_/\_\_/\_\_\_\_

3. Have you ever participated in a sport in a country other than the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
Sport(s)? \_\_\_\_\_ Country: \_\_\_\_\_ Dates: \_\_\_\_\_  
If yes, describe the situation: \_\_\_\_\_

4. Have you ever been red-shirted for a season? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the dates of that season, name of college, and describe the situation. \_\_\_\_\_

**(Page 2 - NJCAA Eligibility Affidavit Continued)**

5. Have you ever participated in practices, scrimmages, and/or games for an intercollegiate team other than this college? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, name the school, date, sport, and describe the situation.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever played on a club team at a college or university? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, name the school, sport and dates.* \_\_\_\_\_  
\_\_\_\_\_
7. Do you currently play on any other sport teams (i.e. USAV, city recreational leagues, indoor soccer, AAU, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_. *If yes, please provide the name of team, location, and dates of participation.*  
\_\_\_\_\_
8. Have you ever received money beyond expenses for participating in any athletic event? Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, describe the situation below and the **NJCAA Amateurism Questionnaire** should be completed and included with the eligibility file.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List ALL Colleges Attended Full-Time and/or Part-Time after High School**

**All transcripts from all previous institutions must be included.**

- College: \_\_\_\_\_ Dates: \_\_\_\_\_ Full-time or Part-time? (circle one)
- College: \_\_\_\_\_ Dates: \_\_\_\_\_ Full-time or Part-time? (circle one)
- College: \_\_\_\_\_ Dates: \_\_\_\_\_ Full-time or Part-time? (circle one)
- College: \_\_\_\_\_ Dates: \_\_\_\_\_ Full-time or Part-time? (circle one)

**Additional Explanations:**

**NOTE:** If you attended college part-time or were not attending college for any period of time following high school graduation, please document your employment and military history during those times in the space below. If you were unemployed at any time, please list those dates below. The NJCAA requires that you account for any time not enrolled full-time. Please use the space below. Please record months and years when referring to dates. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules.**

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEGAL NAME:** \_\_\_\_\_ **SPORT(S):** \_\_\_\_\_  
Last, First MI

Coach Check	PAGES 8-17 TO ATHLETIC TRAINER		
	Page	Description	Instructions (IMPORTANT—READ!!!)
	8	INDEX	Index with instructions for completing each page.
	9	Risks and Hazards	Read and sign.
	10	Immunization Record	Complete, sign and <b>ATTACH IMMUNIZATION RECORD!</b>
	11	Verification of Coverage	Read and sign.
	12	Acknowledgment of Athletic Injuries Policy	Complete and be sure to have insurance policy holder sign if other than yourself.
	13	Second Year Athlete Pre-Participation Physical Waiver Form	Second year participants with a current physical on file that have not experienced any major injuries/conditions may complete this and may not require another physical for the second year. <b>Please read it thoroughly for details and requirements. (NOT FOR WRESTLERS)</b>
	14-16	Health History & Physical	Complete ALL areas. <b>ATTACH front and back of INSURANCE CARDS!</b> PHYSICAL must be completed <b><u>AFTER July 1<sup>st</sup></u></b> by a licensed medical provider.
	17	HIPAA	Read and sign.

**You are not cleared to participate in practice or team sports until ALL athletic forms are complete and the Athletic Trainer has cleared you. You are not necessarily ELIGIBLE to participate until eligibility has been verified. See Athletic Dept. if you have eligibility questions.**

**(ATHLETIC TRAINER ONLY)**       **CLEARED** \_\_\_\_\_ **DATE** \_\_\_\_\_

Athletic Trainer Notes:



# Southwestern Oregon Community College

## Athletic Department

### INFORMED ACKNOWLEDGMENT OF HAZARDS AND RISKS CONNECTED WITH PARTICIPATION IN ATHLETICS

THIS FORM MUST BE SIGNED BY THE STUDENT (AND PARENT OR LEGAL GUARDIAN IF THE STUDENT IS UNDER 18 YEARS OF AGE.) PLEASE READ CAREFULLY AND BE SURE YOU UNDERSTAND BEFORE YOU SIGN.

If you have questions or concerns, contact Mike Herbert, Director of Athletics at (541) 888-7208 before signing.

### WARNING

Participation in any athletic activity can involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one's body. There is also the possibility of suffering emotional distress or psychological injury as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, bruises, muscle strains, bone fractures and dislocations to catastrophic injury, such as paralysis or death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Athletics are competitive team and individual sports. Athletics involve the RISKS OF SERIOUS INJURY OR DEATH. Injuries in sports are common, and occur to all parts of the body, including the head and neck, shoulders, arms, chest, hands and fingers, hips and legs, knees, and ankles and feet.

The risks of injury in sport include the possibility of injury to the neck and spinal column or cord, resulting in complete or partial paralysis; injury to the head, resulting in brain damage; and injury to the body's bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. Injury to the body's nerves, the heart and blood vessels, and other internal reproductive organs is also possible. Such injuries may cause temporary or permanent disability.

Fatalities in athletics typically are caused by direct blows to the chest or from head and neck injuries caused by being hit with flying objects or by colliding with other players or stationary objects.

Pre-existing medical conditions, including illness, disease, and prior injuries can be aggravated or cause other injuries while engaged in athletics. Use of drugs, alcohol, or medications can contribute to injury or illness while participating in athletic activity. Some injuries may be caused as a result of poor physical conditioning and overexertion. Such overexertion can result in injury to muscles, the heart, and other body parts, resulting in sprains and strains, cardiac or cardiopulmonary arrest, and other medical conditions.

Athletic injuries can also result from the use of correct or incorrect playing techniques used in tryouts, practices, warm-ups, drills, games, plays, or other similar undertakings. Injury to the head or other parts of the body can result from contact either other participants, the playing surface, training equipment, and other solid, objects in and around the playing area. Injury can result from the improper fit of equipment, from defective or worn out equipment, and from otherwise and/or failing to use equipment or other protective gear.

Injury can result from training room procedures; from the use of training equipment; from the administration of first aid; or from failing to follow game, training, safety, or other team rules. Injury may result from the use of playing techniques taught or from teaching methods employed by the coaches of this community college. The use of transportation provided or arranged by the college to and from athletic contests and other related activities also involves a risk of injury or death.

The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with athletic participation. **There is always the risk of other types of injuries or the risk of injury or death resulting from other causes not specified here.**

The purpose of this WARNING is also to aid you in making an informed decision as to whether you (or your child or ward) should participate in this athletic activity and, as a condition of such participation, sign the foregoing ACKNOWLEDGMENT OF HAZARDS AND RISKS CONNECTED WITH PARTICIPATION IN ATHLETICS. In addition, its purpose is to make you aware that as a student athlete (or as a parent or guardian of a student athlete), it is your responsibility to learn about and/or to ask coaches, physicians, or other knowledgeable persons about any concerns that you might have at any time regarding athletic safety and participation in the community college's athletic program.

### STUDENT-PARENTAL ACKNOWLEDGMENT OF HAZARDS AND RISKS

I have read the above WARNING, which is incorporated here by reference, and I understand that athletics are a sport involving the RISKS OF INJURY OR DEATH. I also understand that by participating (or by permitting my child or ward to participate) in the athletic program at this community college, I (my child or ward) am subject to the possibility of injury or death as outlined in the WARNING above. FURTHERMORE, BY SIGNING THIS ACKNOWLEDGMENT OF HAZARDS AND RISKS, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS AND CHOOSE TO PARTICIPATE (OR TO PERMIT MY CHILD OR WARD TO PARTICIPATE) IN THE INTERCOLLEGIATE ATHLETIC PROGRAM AT THIS COMMUNITY COLLEGE.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

(Required if student under 18 yrs of age)

\_\_\_\_\_  
Date

# REQUIRED IMMUNIZATIONS

**\* ATTACH A COPY OF YOUR IMMUNIZATION RECORD TO THIS FORM. \***

ORS 433.283 requires that all SOCC athletes have current immunizations for measles prior to participation. Every athlete born on or after January 1, 1957 must provide the school with evidence of having received two doses of measles vaccine on or after his/her first birthday with a minimum of thirty days between doses. If the month and year of the first dose are unavailable, documentation of the second dose in or after December 1989 must be provided.

## VACCINE HISTORY (select one below)

Name: \_\_\_\_\_ (print) Birthdate: \_\_\_\_\_ (mm/dd/yy)

- \_\_\_\_\_ I have had two doses of measles vaccine on or after my first birthday which were at least 30 days apart. 1st dose date (mm/yy) \_\_\_\_\_ 2nd dose date (mm/yy) \_\_\_\_\_
- \_\_\_\_\_ I had the first dose, but I do not know the date of my first measles immunization, but I had my second measles immunization on or after December 1989. 2nd dose date (mm/yy) \_\_\_\_\_
- \_\_\_\_\_ I claim exemption from the requirements of ORS 433.283 on the following grounds (check one):
  - MEDICAL EXEMPTION:** I certify that the above named student should be exempted from the requirements for the measles vaccine based on:
    - History of disease (month/year) \_\_\_\_\_
    - Immune titer shows immunity to measles (month/year) \_\_\_\_\_
    - The following medical reason: \_\_\_\_\_, which constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Services for measles vaccine.

\_\_\_\_\_  
Physician or Health Department name (please print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Physician or Health Department signature (specify MD, ND, DO, RN)

\_\_\_\_\_  
Date

- RELIGIOUS EXEMPTION:** I have read and understand the risks of non-immunization printed below and attest that I am an adherent to a religion, the teachings of which are opposed to immunization, and therefore request that I be exempted from the immunization requirement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

INDIVIDUALS CLAIMING RELIGIOUS OR MEDICAL EXEMPTION (EXCEPT THOSE WITH A VERIFIED HISTORY OF DISEASE OR BLOOD TEST WHICH SHOWS IMMUNITY TO MEASLES) ARE NOT PROTECTED AGAINST DISEASE(S). IN THE EVENT OF AN OUTBREAK, INDIVIDUALS WITH A RELIGIOUS OR MEDICAL EXEMPTION FOR THE PARTICULAR DISEASE MAY BE EXCLUDED FROM THE COLLEGE UNDER THE DIRECTION OF THE LOCAL HEALTH OFFICER.

### Risks of Non-Immunization

Immunization is a safe and effective way to protect your self against vaccine preventable diseases that can hurt, cripple and even kill. The following three contagious diseases can spread rapidly among non-immunized individuals in a group situation, such as a college campus.

**MEASLES** is a serious disease characterized by rash and moderate to high fever. It can lead to pneumonia, serious ear infections, deafness, convulsions, inflammation of the brain and even death. The severe complications develop in one out of every 1,000 cases, one in ten of such complicated cases will result in death.

**RUBELLA** or German Measles is an infectious viral disease characterized by mild fever and rash. The major risk is to non-immune women who catch the disease early in pregnancy. Such women are likely to have a baby with serious birth defects.

**MUMPS** is an acute viral disease characterized by fever and by swelling and tenderness of one or more salivary glands. The most common complications are acute inflammation of the testicles (15-20%), ovaries (10-15%), and pancreas. Other severe complications of the disease include deafness from secondary ear infections (1 per 15,000 cases), meningoencephalitis (3.5 per 1,000 cases), and death (1-3.5 per 10,000 cases).

# Verification of Coverage

Many insurance companies do not provide medical coverage in areas outside of your home address. It is the responsibility of the student and insurance policy holder of the student to verify athletic medical coverage in Coos County while participating in any athletic programs at SOCC. In order to receive SWOCC's secondary medical insurance coverage, verification of this coverage is required.

Please check one of the following and sign accordingly.

I have contacted my insurance company and have been told that I DO HAVE athletic medical coverage at SOCC.

Athlete Name: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's Signature: \_\_\_\_\_

I have contacted my insurance company and have been told that I DO NOT HAVE athletic medical coverage at SOCC. I agree to purchase another plan which does provide coverage incase a medical emergency occurs at SOCC and agree to pay additional expenses.

Athlete Name: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's Signature: \_\_\_\_\_

## Acknowledgment of Athletic Injury Policies

**In accordance with SOCC's administrative policies, an athlete must maintain primary medical insurance coverage for the duration of his or her participation in SOCC athletics. If injured, an athlete must maintain coverage until he or she has fully recovered.**

### An athlete's primary coverage:

- ✓ Must include coverage of intercollegiate athletics,
- ✓ Must have a deductible of no more than \$1,000,
- ✓ Must pay at least 70% of costs after deductible,
- ✓ Must have a coverage cap of at least \$25,000.

### SOCC's secondary coverage:

- ✓ Begins after the first \$1,000 of costs paid by student/primary insurer,
- ✓ Will cover charges up to 30% of those medically necessary and customary charges, for injuries sustained during SOCC athletic participation.

### Important considerations:

- ✓ All athletic injuries, occurring on- or off- campus, must be reported immediately to the coach and athletic trainer.
- ✓ An Athletic Injury Report and Claims Packet must be filed with the athletic trainer or coach **prior to seeking outside medical treatment**, and within 5 days of injury. (Forms are available from coaches or the athletic trainer)
- ✓ Primary insurance information will be verified each time an Athletic Injury Report and Claims Packet is filed.
- ✓ Outside medical treatment of any athletic injury must begin within 30 days of injury.
- ✓ During treatment, until a physician's written clearance is obtained, the athlete will maintain regular communication with the athletic trainer.
- ✓ The athlete is responsible for:
  - timely submission of all medical bills. (*do so within 5 days of receiving a bill*)
  - any late fees associated with delayed submission.
  - any excluded medical expenses. (ineligible charges)
  - any coordination of benefits with private insurance carriers.
  - reporting any change of address, telephone number, or insurance information. (*do so within 14 days of the change*)
  - A failure to disclose information about primary or other relevant insurance coverage when filing an Athletic Injury Report and Claims Packet is insurance fraud. In the event of fraud, SOCC may revoke participation and/or not cover charges incurred in a fraudulent claim.
- ✓ ANY PREAUTHORIZATIONS REQUIRED BY THEIR PRIMARY INSURANCE CARRIER(S). SOCC WILL NOT ASSUME FINANCIAL RESPONSIBILITY FOR CHARGES RESULTING FROM LACK OF PREAUTHORIZATION. ONE USEFUL SOLUTION TO THIS POTENTIAL PROBLEM IS TO **SWITCH AN ATHLETE'S PRIMARY CARE PROVIDER TO SOCC'S TEAM PHYSICIAN, JONATHAN PARK M.D.**, DURING THE ATHLETE'S ATTENDANCE AT SOCC.

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Questions? Please contact the ATHLETIC TRAINER at 541-888-7157 or 1-800-962-2838 ext. 7157

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**I have read and understand SOCC's Athletic Injury Policies, and further understand that participation in intercollegiate athletics at SOCC and eligibility for SOCC's athletic insurance coverage is conditional on compliance with the Athletic Injury Policies. I further understand that SOCC does not cover injuries sustained outside of athletics participation.**

→ Athlete's Name (printed) \_\_\_\_\_ Sport(s) \_\_\_\_\_

→ Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

Policy Holder's Name (printed) \_\_\_\_\_ Relationship \_\_\_\_\_

Policy Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT-ATHLETE**

**MUST BE DONE AFTER JULY 1st**

**2010-2011**



Name: _____ <small>Last, First, MI</small>		Date of Birth: _____ <small>MM/DD/YY</small>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
			SS#: _____	
Local (SOCC) Address: _____ <small>Number, Street, City, State, Zip</small>			Primary Phone: _____	
Permanent Address: _____ <small>Number, Street, City, State, Zip</small>			Alternate Phone: _____	

**INSURANCE INFORMATION**

**Attach a copy of your insurance card (or other official proof of insurance) to this form.  
Merely writing the information is not acceptable.**

**Attach  
Front of Card  
Here**

**Attach  
Back of Card  
Here**

**\*\*IMPORTANT NOTICE\*\***

*Failure to provide complete information regarding insurance coverage and previous medical history, whether intentional or otherwise, may result in denial of medical claims by SOCC's insurance carrier. In the event of denial of claims, the athlete is ultimately responsible for all medical expenses.*

**EMERGENCY CONTACTS**

Name: _____	Phone: (    ) _____	Relationship: _____
Name: _____	Phone: (    ) _____	Relationship: _____

**SPORTS PROGRAM(S)**

Please check **ALL** appropriate boxes for the **sports** in which you will be participating at this college:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Men's X-Country    | <input type="checkbox"/> Women's Wrestling | <input type="checkbox"/> Men's Track & Field |
| <input type="checkbox"/> Men's Soccer      | <input type="checkbox"/> Men's Basketball   | <input type="checkbox"/> Cheer/Dance       | <input type="checkbox"/> Women's Track       |
| <input type="checkbox"/> Women's Soccer    | <input type="checkbox"/> Women's Basketball | <input type="checkbox"/> Baseball          | <input type="checkbox"/> Men's Golf          |
| <input type="checkbox"/> Women's X-Country | <input type="checkbox"/> Wrestling          | <input type="checkbox"/> Softball          | <input type="checkbox"/> Women's Golf        |

LAST NAME/FIRST: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**MUST BE DONE AFTER JULY 1st**

## PHYSICAL EXAMINATION FOR SPORTS PARTICIPATION

Page 1 of 2

### GENERAL MEDICAL HISTORY

**Athlete and Parent/Guardian:** Please review all questions and answer them to the best of your ability.

**Physician:** Please review with the athlete details of any positive answers.

- |  | YES | NO  | ??  |
|--|-----|-----|-----|
| 1. Has anyone in the athlete's family died suddenly before the age of 50 years?.....   | [ ] | [ ] | [ ] |
| 2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain? .....   | [ ] | [ ] | [ ] |
| 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise? .  | [ ] | [ ] | [ ] |
| 4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint? .....  | [ ] | [ ] | [ ] |
| 5. Does the athlete have a history of concussion (getting knocked out) or seizures? .....  | [ ] | [ ] | [ ] |
| 6. Has the athlete ever suffered a heat-related illness (heat stroke)? .....   | [ ] | [ ] | [ ] |
| 7. Does the athlete have a chronic illness or see a physician regularly for any particular problem? .....  | [ ] | [ ] | [ ] |
| 8. Does the athlete take any prescribed medicine, herbs, or nutritional supplements? .....   | [ ] | [ ] | [ ] |
| 9. Is the athlete allergic to any medications or bee stings? .....   | [ ] | [ ] | [ ] |
| 10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc)?..   | [ ] | [ ] | [ ] |
| 11. Has the athlete ever had prior limitation from sports participation? .....   | [ ] | [ ] | [ ] |
| 12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability? .....   | [ ] | [ ] | [ ] |
| 13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension? .....  | [ ] | [ ] | [ ] |
| 14. Is there a history of young people in the athlete's family who have had congenital or other heart disease: Cardiomyopathy, abnormal heart rhythms, long QT, or Marfan's syndrome? (You may write, "I don't understand these terms" and initial this item, if appropriate.) ..... | [ ] | [ ] | [ ] |
| 15. Has the athlete ever been hospitalized overnight or had surgery? .....   | [ ] | [ ] | [ ] |
| 16. Does the athlete lose weight regularly to meet the requirements for your sport? .....  | [ ] | [ ] | [ ] |
| 17. Does the athlete have anything he or she wants to discuss with the physician? .....  | [ ] | [ ] | [ ] |

### FEMALES ONLY

18. When was your first menstrual period? \_\_\_\_\_
19. When was your most recent menstrual period? \_\_\_\_\_
20. When was the longest time between periods in the last year? \_\_\_\_\_

**Please provide an explanation for any "yes" answers in the space below.**

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LAST NAME/FIRST: \_\_\_\_\_ D.O.B. \_\_\_\_\_ **MUST BE DONE AFTER JULY 1st**

**PHYSICAL EXAMINATION FOR SPORTS PARTICIPATION**

\*\*\*To be completed by Licensed Medical Provider\*\*\* (NOT AN ATHLETIC TRAINER)

Name _____		Date of Birth _____	
Height _____	Weight _____	% Body Fat (optional) _____	Pulse _____ BP ( _____ / _____ , _____ / _____ )
		Rhythm: Regular _____ Irregular _____	
Vision R20/ _____	L 20/ _____	Corrected: Y _____ N _____	Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials*
<u>Medical</u>			
Appearance	_____	_____	_____
Eyes/Ears/Nose/Throat	_____	_____	_____
Lymph Nodes	_____	_____	_____
Heart: Pericardial activity	_____	_____	_____
1 <sup>st</sup> and 2 <sup>nd</sup> heart sounds	_____	_____	_____
Murmurs	_____	_____	_____
Pulses: brachial/femoral	_____	_____	_____
Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Skin	_____	_____	_____
<u>Musculoskeletal</u>			
Neck	_____	_____	_____
Back	_____	_____	_____
Shoulder/arm	_____	_____	_____
Elbow/forearm	_____	_____	_____
Wrist/hand	_____	_____	_____
Hip/thigh	_____	_____	_____
Knee	_____	_____	_____
Leg/ankle	_____	_____	_____
Foot	_____	_____	_____

\*Station-based examination only

**DISPOSITION** (Please check one)

- Unrestricted activity in all sports
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

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

\*\*\*\*\*this area MUST be COMPLETE\*\*\*\*\*

**MEDICAL PROVIDER IDENTIFICATION** (Please Print)

(Place label or stamp here - optional)

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

Signature of Provider \_\_\_\_\_

**AUTHORIZATION  
FOR THE USE AND/OR DISCLOSURE  
OF SOUTHWESTERN OREGON PLAYER HEALTH INFORMATION**

*I authorize the use and/or disclosure of my health information as provided for below:*

1. This authorization applies to all health information about me that is now (or, during the period covered by this authorization, may be) in the possession, custody or control of the persons or entities (or classes of persons or entities) identified in Paragraph 2 below. As used in this authorization, "health information" means my entire health or medical record, including, but not limited to, all information relating to any injury, sickness, disease, condition, medical history, medical or clinical status, diagnosis, treatment or prognosis, and includes (without limitation) clinical notes, test results, laboratory reports, x-rays and diagnosis imaging results.
2. I authorize the following persons and entities (or classes of persons and entities) to use and/or disclose (to the individuals specified in paragraph 3 below) any of the health information about me that is (or, during the period covered by authorization, may be) in their possession, custody, or control for the purposes described in paragraph 3 below and athletic department personnel with whom I have consulted.
3. I authorize the persons and entities (or classes of persons and entities) described in Paragraph 2 to disclose any of the health information about me that is (or, during the period covered by this authorization, may be) in their possession, custody, or control, for any purpose relating to athletics at Southwestern Oregon Community College, all health care providers including but not limited to physicians, laboratories, clinics, Athletic Trainers seen with relationship to any illness or injury for the life of this authorization.
4. I acknowledge that there exists the potential that information disclosed pursuant to this authorization might be subject to re-disclosure by the recipient and thus no longer be protected by HIPAA in certain circumstances.
5. I understand that I have the right to revoke this authorization at any time, but that my revocation will not be effective to the extent that any of the persons or entities (or classes of persons or entities) I have authorized to use and/or disclose my health information have acted in reliance upon this authorization. My revocation must be in writing and be sent to the Administrative Services at Southwestern Oregon Community College. I further understand that my right to revoke this authorization shall not serve to excuse any failure on my part to comply with the policies and procedures related to athletic injuries as a participant on a sports team and Southwestern Oregon Community College.
6. I further understand that by choosing to revoke this authorization, I may be ruled ineligible to continue participation in SOCC athletics.
7. This authorization expires one year from the date it is signed, unless previously revoked.
8. By signing below, I agree that I have read and understand this authorization presented to me and by request can receive a copy of this agreement.



_____ Printed Name	_____ Signature	_____ Date
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