



Student - Athlete General Information

Sport \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Transfer Student-Athlete? Yes / No Previous School \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group / Policy # \_\_\_\_\_ Certificate # \_\_\_\_\_

Plan \_\_\_\_\_ Type \_\_\_\_\_

Is your son or daughter covered under the above policy ? Yes  No



**Mother/Guardian** \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group / Policy # \_\_\_\_\_ Certificate # \_\_\_\_\_

Plan \_\_\_\_\_ Type \_\_\_\_\_

Is your son or daughter covered under the above policy ?    Yes     No

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**Please attach copies of insurance and prescription cards here**



Medical History

Name \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please Print

Complete the following medical history and explain any YES answers in the space provided.

1	Have you had a medical illness or injury since your last check up or sports physical?	Yes	No	10	Have you ever gotten unexpectedly short of breath with exercise?	Yes	No
	Have you been hospitalized in the past year?	Yes	No		Do you cough, wheeze, or have trouble breathing during or after activity?	Yes	No
	Have you ever had surgery?	Yes	No		Do you have asthma?	Yes	No
3	Are you currently taking any prescription, over-the-counter medication, or using an inhaler?	Yes	No		Do you have seasonal allergies that require medical treatment?	Yes	No
4	Do you have any allergies (i.g. pollen, medicine, food, or stinging insects)?	Yes	No	11	Are you missing any paired organs ( i.g. kidney, testicle, eye)?	Yes	No
5	Do you have a prescription for an epi-pen?	Yes	No	12	Do you use any special equipment or devices i.g. brace, neck roll, orthotics, hearing aid)?	Yes	No
	Have you ever had prior testing for the heart ordered by a physician?	Yes	No	13	Have you ever had a sprain, strain, or swelling after injury?	Yes	No
	Have you ever passed out during or after exercise?	Yes	No		Have you broken or fractured any bones or dislocated any joints?	Yes	No
	Have you ever had chest pain during or after exercise?	Yes	No		Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	Yes	No
	Do you get tired more quickly than your friends do during exercise?	Yes	No		If yes, check appropriate space and explain below:		
	Have you ever had racing of your heart or skipped heartbeats?	Yes	No		__ Head __ Elbow __ Thigh		
	Have you ever had high blood pressure or high cholesterol?	Yes	No		__ Neck __ Forearm __ Knee		
	Have you ever been told you have a heart murmur? Sickle cell trait?	Yes	No		__ Back __ Wrist __ Shin/Calf		
	Have you ever had a heart murmur? Sickle cell trait?	Yes	No		__ Chest __ Hand __ Ankle		
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	Yes	No		__ Shoulder __ Finger __ Foot		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	Yes	No	__ Upper arm __ Hip __ Toe				
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?	Yes	No	14	Are you under a doctor's care?	Yes	No	
Have you had a severe viral infection ( i.g. myocarditis or mononucleosis) within the last month?	Yes	No		Do you want to weigh more or less than you do now?	Yes	No	
Has a physician ever denied or restricted your participation in sports for any heart problems?	Yes	No		Do you feel stressed out?	Yes	No	
				Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	Yes	No	
				15	<i>Females Only</i>		
					When was your first menstrual period? _____		
					When was your most recent menstrual period? _____		
					How much time do you usually have from the start of one period to the start of another? _____		
					How many periods have you had in the last year? _____		
					What was the longest time between periods in the last year? _____		
<b>Explain YES answers (illness, injury, severity, etc.)</b>							
6	Do you have any current skin problems (i.g. itching, rashes, acne, warts, fungus, or blisters)?	Yes	No	Date	Description		
7	Have you ever had a head injury or concussion?	Yes	No				
	Have you ever been knocked out, become unconscious, or lost your memory?	Yes	No				
	If yes, how many times? ____	Yes	No				
	When was the last concussion? _____						
	How severe was each one? (Explain below)						
	Have you ever had a seizure?	Yes	No				
Do you have frequent or severe headaches?	Yes	No					
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	Yes	No					
Have you ever had a "stinger," "burner," or "pinched nerve?"	Yes	No					
8	Have you ever become ill from exercising in the heat?	Yes	No				
	Have you ever been dizzy during or after exercise?	Yes	No				
9	Have you had any problems with your eyes or vision?	Yes	No				

I hereby state that, to the best of my knowledge, the answers to the above questions are complete and accurate.

Student-Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Pre-participation Physical Evaluation

Name \_\_\_\_\_ Sport \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected Y N  
Normal Abnormal Findings Initials\*

Table with 4 columns: Medical, Normal, Abnormal Findings, Initials\*. Rows include Appearance, Eyes/Ears/Nose/Throat, Lymph Nodes, Heart-Auscultation (supine/standing), Heart-lower extremity pulses, Pulses, Lungs, Abdomen, Genitalia (males only), Skin, Marfan's Stigmata.

Table with 4 columns: Musculoskeletal, Normal, Abnormal Findings, Initials\*. Rows include Neck, Back, Shoulder/Arm, Elbow/Forearm, Wrist/Hand, Hip/Thigh, Knee, Leg/Ankle, Foot.

\* Station-based examination only

Clearance (Please check one below)

- o Cleared
o Cleared after completing evaluation/rehabilitation for \_\_\_\_\_
o Not Cleared for: \_\_\_\_\_ Reason \_\_\_\_\_

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

The following information must be filled in and signed by either a Physician, or a Physician's Assistant licensed by a State Board of Physician's Assistant Examiners, A Registered Nurse recognized as an Advanced Practice nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner, will not be accepted. Name (print or type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Must be completed before a student participates in any practice or game(both in-season and out of season).



**FAMILY EDUCATION RIGHT TO PRIVACY ACT RELEASE**

The Family Education Right to Privacy Act (F.E.R.P.A.) is a federal law that governs the release of a student’s education records, including personally identifiable information (name, address, social security number, etc.) from those records. Medical information is considered part of a student athlete’s educational record. In 1998 this law was amended and parents will be notified by Howard College officials when the student violates Federal, State, Local or college alcohol and/or drug laws or policies.

This authorization permits the athletic trainers, team physicians, and athletic staff (including coaches) of Howard College to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personally identifiable health information to the authorized parties listed below. This information includes injuries or illnesses relevant to past, present or future participation in athletics at Howard College.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis, or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that Howard College will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the Athletic Director. I understand revocation will not have any effect on actions the college has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Furthermore:

This is to authorize the Howard College Athletic Trainers, Team Physicians, and Athletic Coaches to release medical information: to parents/guardians, Howard College Media Relations Department, various media outlets, professional athletic organization and other collegiate athletic departments who may request any information concerning illness or injury relative to my past, present or future participation in athletics at Howard College.

Further, the above persons may communicate with my instructors, coaches, professional staff, and administrators of Howard College concerning the above mentioned items

\_\_\_\_\_  
Initial

**ATHLETIC DEPARTMENT POLICIES OFFER**

I have been informed that I may request to review the following policies for the athletic department at any time during regular office hours. I understand that these policies are available to me in the athletic training department or the athletic director’s office and that any questions about these policies should be directed to either the athletic director or head athletic trainer.

- 1) Howard College Junior College District Intercollegiate Athletics Substance Abuse Program.
- 2) Howard College Athletic Injury/Accident Policy.
- 3) Howard College Athletic Medical Examination Policy.

\_\_\_\_\_  
Initial



### MEDICAL LIABILITY RELEASE

I hereby release Howard College, its officials, coaches and other employees, or agents from any/all claims or action resulting from any/all accidents, illnesses, or injuries that I may sustain while participating in any/all phases of the Howard College Athletic Program. I certify that I am eighteen years of age or older and legally responsible for my actions.

\_\_\_\_\_  
Initial

### MEDICAL/INSURANCE POLICY

1. Howard College will pay the provider(s) only for medical expenses resulting from athletic injuries that are sustained while participating in official HC practices and games.
  - a. HC's insurance personnel will first file a claim on the student-athletes/parent's personal insurance.  
**ALL STUDENT ATHLETES MUST HAVE A PRIMARY HEALTH INSURANCE POLICY.** If the student athlete/family does not have a primary insurance policy Howard College will provide the avenue for them to purchase one.
  - b. Howard College Athletic Health Insurance will be a secondary policy if needed.
  - c. H.C. will not be responsible for any conditions, whether athletic or non-athletic related.
  - d. All medical appointments needed as a result of an athletic injury are to be made by the athletic training staff. If this procedure is not followed, the student athlete/parent may be held responsible for the medical costs incurred. Any treatments performed by a personal or family physician should be coordinated through the athletic training staff.
2. Non-athletic injuries/illnesses are the student athlete's/parent's financial responsibility.
  - a. Although the HC athletic program does not assume financial responsibility for non-athletic injuries/illnesses and prescriptions, we will assist the student athlete in arranging appointments with the appropriate physicians when possible.
  - b. These physicians work on a "payment at the time of service" basis, but will usually assist in filing insurance claim forms for student athletes in the event of a major expense.
3. Prescriptions for student-athletes are handled in the same manner as described in numbers one and two.
4. The HC athletic program **IS NOT RESPONSIBLE** for the Pre-Participation Physical Evaluation. It is required as a part of our medical information process and allows for a much smoother pre-participation screening process for our program. This physical should be completed by a family physician prior to arriving at HC.
5. All international student athletes are required to have a personal health care plan to cover athletic injuries in the United States and more specifically the State of Texas.
6. Any and all out of state insurance policies must cover athletic injuries in the State of Texas.
  - a. In the event a student athlete does not have proper insurance, Howard College will provide a policy to be purchased by the student athlete.

\_\_\_\_\_  
Initial



**MEDICAL CONSENT**

I hereby grant permission to the Howard College Team Physicians and/or their consulting physician to render any treatment or medical or surgical care that they deem reasonably necessary to the health and well-being of the student-athlete.

I also hereby authorize the athletic trainers at Howard College who are under the direction and guidance of the Howard College Team Physician to render any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of the student-athlete. Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

\_\_\_\_\_  
Initial

**WAIVER OF LIABILITY HOLDS AND HARMLESS AGREEMENT**

In consideration for receiving permission to participate in Howard College athletics, I hereby release, waive, and discharge the right to sue Howard College, The State of Texas, their officers, agents, servants, or employee (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the risks involved and hazards connected with athletic participation including but not limited to injury, catastrophic incident or death, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of releasees or otherwise.

I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement, shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above named releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

In initialing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; in oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by same. I acknowledge that I have read and understand all documents related to participation in athletics at Howard College.

\_\_\_\_\_  
Initial



DRUG TEST CONSENT FORM

I \_\_\_\_\_ hereby consent to have samples of my urine collected and tested to determine if certain drugs are present. I understand that urinalysis testing is required by the Howard College Athletic Department and is part of the approved policies governing the institution. The results of said test will be kept confidential and can only be viewed by the Athletic Director, Head Coach of my sport, Assistant Coach, the Head Athletic Trainer, Dean of Students and any administrator so designated by the college.

If the results of said test show a positive use of illegal drugs as determined by Howard College (reference Athletic Manual), steroids or alcohol or other controlled substances the athlete will have an opportunity to discuss the matter with the Athletic Director, Head Coach of my sport, Head Athletic Trainer and the Dean of Students, and to present evidence of any rebuttal or mitigating circumstances which he or she feels important. Following this discussion, a decision concerning my participation in athletics at HC will be made at that time by the Athletic Director, Head Coach of my sport, Dean of Students, and the Head Athletic Trainer. The decision being one of the following:

- *A probationary period with immediate loss of scholarship for a designated period of time.*
- *Suspension from the team with immediate loss of scholarship for the remainder of the school year.*
- *Sanctions issued by the Dean of Students.*

Furthermore, if the results of said test show a positive use of illegal drugs as determined by Howard College (reference Athletic Manual), steroids or alcohol or other controlled substance, that athlete or their specimen can be retested to assure the athlete continues to show negative use of illegal drugs, steroids, or alcohol has occurred, and the cost of these test will possibly be charged to the student.

You are free to refuse to consent to drug testing under this program. However, upon declining participation in the testing program, which is designed to protect your health and reputation, you will not be eligible for a scholarship or to participate in any intercollegiate sport offered by Howard College. If you refuse to test for drugs as provided in this policy, after initially consenting, you shall be considered to have made a decision not to participate and will forfeit your scholarship immediately. I also acknowledge that I have been provided with a copy of Howard College’s drug testing policy. I understand that under the Family Education Right to Privacy Act (F.E.R.P.A.), that Howard College officials will release alcohol and drug violations and results of drug test to parents or legal guardians.

Howard College, its Board of Trustees, administrators, employees and agents are hereby released from any legal responsibility or liability as a result of their compliance.

_____	_____	_____/_____/_____
Printed Name of Student-Athlete	Signature of Student-Athlete	Date

_____	_____	_____/_____/_____
Printed Name of Parent / Guardian	Signature of Parent / Guardian	Date





**SIGNATURE SHEET**

I / we have read and completed all of the forms in this document. By signing this document, I / we acknowledge that I / we have read and understand all these documents related to participation in athletics at Howard College.

***No student athlete will be allowed to participate in practice or competition until these forms have been received and approved.***

\_\_\_\_\_  
Printed Name of Student-Athlete

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent / Guardian

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



HOWARD COLLEGE EMERGENCY INFORMATION CARD

Athlete's Name \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_

Athlete's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Athlete's Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sport \_\_\_\_\_

Do you have Hospital (Medical) Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, covered by: (Check One): Parent's Policy \_\_\_\_\_ Your Policy \_\_\_\_\_

If Parent's Policy: Father or Mothers' Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Company Address \_\_\_\_\_

Insurance Certification # \_\_\_\_\_

Group # \_\_\_\_\_

Type \_\_\_\_\_

In case of Serious Accident or illness, permission is given for Emergency Treatment, Routine Immunization, X-Rays, Skin Tests for Diagnosis and Hospitalization.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN / STUDENT ATHLETE, IF 18 YEARS OF AGE OR OLDER

IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: Home \_\_\_\_\_

Business \_\_\_\_\_

Other \_\_\_\_\_

Family History: List serious illnesses of close relatives, example: Diabetes, Heart Disease, Tuberculosis, etc.:

\_\_\_\_\_  
\_\_\_\_\_