

**University of California, Merced
Sport Club Athlete Information Sheet**

Name: _____

Club: _____ **Student ID#:** _____

Local Address: _____

Cell Phone: _____ **Email:** _____

Permanent Address: _____

City St ZIP

Gender: Male Female

Classification: Undergraduate Graduate

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship:** _____

Phone Number: _____ **Email:** _____

Address: _____

STATEMENT OF GOOD HEALTH

Participant represents that he/she is in good physical condition to engage in rigorous physical activity, including, but not limited to conditioning exercises. If said physical condition changes, participant will voluntarily withdraw from the physical activity, exhibition, or class. Participants are encouraged to have a medical evaluation prior to participation in the activities.

INSURANCE INFORMATION

The Campus Recreation program only provides for catastrophic supplemental insurance coverage (\$15,000 deductible) up to \$250,000 per occurrence. It is the responsibility of the participant to verify that they have sufficient insurance coverage.

Print Name: _____

Signature: _____

Date: _____

Name: _____

Student ID: _____

Club Sport: _____

Medical History

Yes No **Has a physician ever restricted or denied you from participating in sports?**

If yes, please explain: _____

Please list any recurring injuries:

Yes No **Have you had any surgeries?**

If yes, please explain: _____

Yes No **Do you require protective gear or clothing?**

If yes, please explain: _____

Yes No **Have you ever had a head, neck or spinal injury?**

If yes, please explain: _____

Yes No **Do you have any allergies?**

If yes, please explain: _____

Yes No **Do you have any of the following conditions?**

If yes, please explain: _____

Yes No **Do you get lightheaded or short of breath with exercise?**

Yes No **Are you currently under treatment for any heart conditions?**

Yes No **Have you ever had a seizure**

If yes, when was your last seizure? _____

Yes No **Have you ever had stress fractures?**

Athlete Signature: _____

Date: _____

Participant's name: _____
Please Print

UNIVERSITY OF CALIFORNIA,

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

**UC MERCED
CONSENT FORMS**

Please read the following forms carefully. If the athlete is under 18 years of age, these forms must be accompanied by a parent or guardian signature. The forms include:

- A. Shared Responsibility for Sport Safety:** This is an assumption of risk form that acknowledges that there are inherent risks to participating in intercollegiate athletics and that the athlete understands and accepts those risks.
- B. Concussion Policy and Athlete Responsibility:** Explains the current concussion policy and the athlete's responsibility to report any signs and symptoms of a concussion.
- C. Sickle Cell Trait Policy:** Explains the current recommendations and responsibility regarding sickle cell trait status.
- D. Authorization to Disclose Medical Information (MI) to Coaches and Athletics Department Officials:** Allows the Sports Medicine Staff to disclose medical information to coaches and athletics department officials.
- E. Authorization to Disclose Medical Information (PHI) to Family Members.** Allows the Sports Medicine Staff to disclose medical information to family members.
- F. Medical Consent:** Allows UC Merced Sports Medicine Department, its physicians and referred physicians to provide medical care in the event of an injury.
- G. Authorization to Hold and Carry Prescription Medication:** Authorizes the UC Merced Sports Medicine Staff to hold and carry athlete's personal prescription epinephrine injectors (epi-pens) and asthma inhalers during practice and traveling away.
- H. Release of Student Medical Information Authorization To or From UC Merced:** Authorizes the Sports Medicine Staff to release and receive medical information for purposes of treatment and insurance coverage and claims.
- I. Responsibilities:** Acknowledges that the student-athlete has read and understands the consent forms.

By signing, I acknowledge that I received and have reviewed and understand the forms listed above. I understand that completion of all of the forms listed is a pre-requisite of participation in UC Merced's intercollegiate sports program.

_____ Sport _____
Last Name Middle Initial First Name

Athlete Signature _____ Date _____

Parent/Legal Guardian Signature (if athlete < 18 years old) _____

B. Concussion Policy and Athlete Responsibility

About Concussions:

A concussion is a brain injury that:

- Is caused by a blow to the head or body (from contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit with a piece of equipment such as a bat, lacrosse stick or field hockey ball).
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can occur even if you do not lose consciousness.**

Policy:

The UC Merced Athletic Department and Sports Medicine Staff recognize the importance of prevention, early detection, and treatment of any head injury and have developed the following policy for the prevention and treatment of head injuries:

1. Athletes are required to complete preseason ImPACT neurocognitive baseline tests.
2. Athletes experiencing a concussion will be removed from practice and/or competition and will not be allowed to return on that day. Athletes will be evaluated by athletic trainers, physicians or specialists referred by the Sports Medicine Staff. Athletes will take the ImPACT test within 48 hours of injury.
3. Athletes must be clinically free from all post concussion symptoms, ImPACT testing must show a return to normal (baseline) results, and Athletes must be cleared by Team Physicians prior to returning to sport activity.
4. A systematic, gradual return to conditioning and sports related participation will occur under the supervision of the Sports Medicine Staff as directed by Team Physicians.

Athlete Responsibility:

I acknowledge that I have read and understand the UC Merced Concussion Policy. I am aware that there are certain risks of injury involved in my participation in Intercollegiate Athletics at UC Merced and by signing below I acknowledge that I voluntarily assume those risks. The University and I understand that my signature does in no way relieve the University of its responsibility toward my welfare. It is intended to make me aware of the responsibility being shared and that there is a risk of injury. I understand that this includes the risk of brain injury (concussion) that may result in permanent injury. I agree to immediately notify a member of the UC Merced Sports Medicine staff of any injuries and any symptoms of a concussion that I may experience, including but not limited to: amnesia, confusion, headache, loss of consciousness, balance problems or dizziness, double or fuzzy vision, sensitivity to light or noise, nausea (feeling like you are about to vomit), feeling sluggish or tired, feeling unusually irritable, difficulty concentrating or remembering, and slowed reaction time.

Athlete's Signature _____ Date _____

Parent/Legal Guardian Signature (if < 18 years old) _____ Date _____

A. Shared Responsibility for Sport Safety (Awareness and Assumption of Risk)

1. Participation in sports requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precautions to minimize the risk of injury.
2. Serious head and neck injuries, leading to death, permanent brain damage, or para/quadruplegia can occur as a result of participation in athletic activity.

I am aware and understand that there are certain risks of injury involved in my participation in Intercollegiate Athletics at UC Merced and by signing below I acknowledge that I voluntarily assume those risks. The University and I understand that my signature does in no way relieve the University of its responsibility toward my welfare. It is intended to make me aware of the responsibility being shared and that there is a risk of injury. I understand that this includes the risk of spinal cord and brain injury that may result in paralysis and the possibility of other permanent injury. I, the undersigned, also acknowledge that I understand the above statements of Awareness and Assumption of Risk.

Athlete's Signature _____ Date _____

Parent/Legal Guardian Signature (if <18 years old) _____ Date _____



UC MERCED PHOTO/VIDEO/AUDIO RECORDING RELEASE

I understand that the photograph(s) or video recording(s) taken of me by agents, employees or representatives of The Regents of the University of California (hereinafter "University") shall be used in connection with the University's dissemination of information on its public service and academic programs to the general public.

I hereby irrevocably authorize the University to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing University programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signed _____ Date _____

Printed Name _____ Phone _____

E-mail address _____

Street Address _____

If person signing is under age 18 parent or guardian must sign consent as follows:

I hereby certify that I am the parent or guardian of _____,
the minor named above, and do hereby give my consent without reservation to the
foregoing on behalf of this person.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Street Address _____