



2004-2005

Piedmont College Student-Athlete Information Package

Personal Information

Name _____

Social Security Number _____ Date of Birth _____

Athletic Eligibility (Circle One) FR SO JR SR Sex: Male Female

Sports To Participate In _____

Permanent Address _____

Phone Number (Include Area Code) _____

School Address _____

Emergency Contact Information

Name _____ Relation _____

Address _____

Phone Number _____

Name _____ Relation _____

Address _____

Phone Number _____

Personal Medical Insurance Information

Please attach a copy of your insurance card to this form

Athlete _____ Social Security Number _____

Sports To Participate In _____

Primary Insurance Company _____

Policy Holder _____ Social Security Number _____

Policy Number _____ Account Number _____

Group Number _____ Plan Number _____

Address To Mail Claims _____

Customer Service Phone Number _____ HMO or PPO _____

Secondary Insurance Company _____

Policy Holder _____ Social Security Number _____

Policy Number _____ Account Number _____

Group Number _____ Plan Number _____

Address To Mail Claims _____

Customer Service Phone Number _____ HMO or PPO _____

Examination Date: _____

Pre-Participation Physical Exam

Sport(s): _____

Name: _____

Social Security #: _____ Circle one: FR SO JR SR

Health History

(To be completed by student and parents prior to examination)

Answer 'yes' or 'no' by each. Please explain and date recent occurrence.

1. ___ Chronic or recurrent illness? _____
2. ___ Illness lasting over one week? _____
___ Mononucleosis? _____
___ Hepatitis? _____
___ Diabetes? _____
___ Epilepsy/Convulsions? _____
___ Marfan's Syndrome? _____
___ Measles? _____
___ Rheumatic Fever? _____
___ Tuberculosis? _____
___ Mumps? _____
___ Sickle Cell Anemia? _____
3. ___ Hospitalization? _____
4. ___ Surgery other than tonsillectomy? _____
5. ___ Missing organs?(eye, kidney, testicle) _____
6. ___ Allergy to any medications, bee stings, hay fever, novocaine, etc.? _____

7. ___ Problems with heart, blood pressure? _____
8. ___ Concussion or unconsciousness? _____
How many times? _____ How long to make a complete recovery? _____
How many times in one year? _____ How many games missed? _____
9. ___ Heat exhaustion, heat stroke, or other problems with heat? _____

10. ___ Dizziness, fainting, frequent headaches or convulsions? _____
11. ___ Chest pain with exercise? _____
12. ___ Dizziness or fainting with exercise? _____

Athlete's Name: _____

Does this athlete (please answer 'yes' or 'no'):

13. ___ Wear eyeglasses or contact lens? _____

14. ___ Wear dental bridges, braces, plates? _____

15. ___ Take any medication? If yes, explain. _____

Is there any history of (if yes, explain and date):

16. ___ Injuries requiring medical treatment for seizures, convulsions, or epileptic attacks? _____

17. ___ Neck injury? _____

___ Ever had an x-ray taken of neck or spine? _____

___ Ever had an injury producing weakness or numbness of either arms or legs? _____

18. ___ Knee injury? _____

19. ___ Knee surgery? _____

20. ___ Shoulder injury? _____

21. ___ Shoulder surgery? _____

22. ___ Ankle injury? _____

23. ___ Ankle surgery? _____

24. ___ Any other serious joint injuries? _____

25. ___ Broken bones (fractures)? _____

26. ___ Is there any reason why this athlete should not participate in sports? _____

Check only if any immediate family members have ever had a history of any of these illnesses/
injuries:

27. ___ Has there ever been a sudden death of a family member under 40 ears of age? _____

28. ___ Blood diseases? _____

29. ___ Diabetes? _____

30. ___ Cancer? _____

31. ___ Heart trouble? _____

32. ___ High Blood Pressure? _____

33. ___ Other? _____

Physical Examination

Name: _____

Height (Inches): _____

Weight: _____

Blood Pressure: _____

Pulse: _____

Vision Right ____/____ Left ____/____

Wears Glasses (please circle): Yes No

	Normal	Abnormal	Not examined	Comments	Examiner	Problem Code
1. Eyes						
2. Ears, Nose, Throat						
3. Mouth and Teeth						
4. Neck (soft tissue)						
5. Cardiopulmonary						
6. Chest and Lungs						
7. Abdomen						
8. Genitals- Hernia						
9. Skin and Lymphatics						
10. Neck						
11. Spine						
12. Shoulders						
13. Arms and Hands						
14. Hips						
15. Thighs						
16. Knees						
17. Ankles						
18. Feet						
19. Neurological						

Based on this history and physical exam, the following abnormalities were found and may need treatment:

1. _____
2. _____
3. _____

Participation Recommendations

Athlete's Name: _____

1. **CLEARED**

There were no history or physical findings on this exam which would prohibit this athlete from participation in competitive athletics.

2. **CLEARED after completing evaluation/rehabilitation for:**

_____ This athlete should have the following health problems evaluated or treated prior to participating in competitive athletics: _____

3. **NOT CLEARED**

This athlete has health problems which would prohibit him/her from participating in competitive athletics.

Due to: _____

Recommendation: _____

Name of Physician: _____

Date: _____

Address: _____

Phone: _____

Signature of Physician: _____

Piedmont College

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to participate in the following event: _____

1. I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Piedmont College, Board of Trustees, their officers, servants, agents, or employees (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 could be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity being conducted.

2. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR 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 IT IS CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF REALEASEES or otherwise.

4. It is my expressed intent that this Release 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 deceases, 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 Georgia.

IN SIGNING 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; no 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 the same.

IN WITNESS WHEREOF, I have hereunto set my hand on this date.

Witness Signature

Participant Signature*

Date

Printed Witness Signature

Printed Participant Signature*

*Parent or guardian if under 18 years of age.

ASSUMPTION OF RISK STATEMENT

Athletic participation is a very rewarding experience for each individual who participates. Intercollegiate athletics at Piedmont College are very competitive and can lead to enjoyable experiences. As with any athletic event there are certain risks inherent to each specific activity. I understand that by participating in intercollegiate athletics at Piedmont College there are certain risks and injury inherent in my chosen activity. This may include but is not limited to common sprains and strains to paralysis and death. I understand that these injuries may occur so I agree to participate in a safe manner and will follow the instructions of the athletic staff to lessen my chances for serious injuries.

Student-Athlete's Signature

Date

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

Date

CONSENT FOR TREATMENT AND RELEASE OF MEDICAL INFORMATION

I, _____, give my permission to be evaluated and treated by Piedmont College's sports medicine staff which may include, but is not limited to the Head Athletic Trainer, Team Physician(s), Specialists, hospital, clinic, or any other medically related facility as requested by the sports medicine staff, if I become injured or ill while participating in intercollegiate athletics at Piedmont College.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or any other medical or medically related facility or other organization that has any records or knowledge of me or my health to make such information available upon request to Piedmont College, its representative, or Piedmont College's insurance carrier.

I hereby authorize Piedmont College to file insurance claims on my behalf on injuries resulting while participating in intercollegiate athletics at Piedmont College.

In the event of any changes in my primary medical insurance, I will notify the Piedmont College Athletic Department immediately.

Student-Athlete's Signature

Date

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

Date

Piedmont College Athletics Notice Of Privacy Practices

Effective August 1st, 2004

This notice describes how medical information about you may be used and disclosed. Please review it carefully. If you have any question please contact our Head Athletic Trainer at the address or telephone number at this notice.

This Notice serves as the notice required under Federal law to be given to student-athletes by Piedmont College. As a student-athlete at Piedmont College, you have the right to privacy concerning your medical plan care. Medical record information and our relationship with your medical staff are considered private. Your diagnosis and course of treatment are available only to those directly involved with your care. Unless you tell us otherwise, we will make every effort to give your family medical updates as appropriate. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by college physician or your doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to keep medical information about you private, give you this Notice of our legal duties and privacy practices with respect to medical information about you and follow the terms of the Notice that is currently in effect.

We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods). We may disclose medical information and/or **participation status to athletic coaches and strength and conditioning coaches for you health and safety**. We may disclose information to university administrators and academic counselors **to support your academic progress**. We may release information to **sports information staff and members of the media regarding your participation status**.

Regarding your medical information, you have the right to look at or get a copy of medical information that we use to make decisions about your care. You have the right to a personal representative to assist you in reviewing your medical information. If you believe that information in your records is incorrect or incomplete, you have the right to request that we amend the records. You have the right to a list of those instances where we have disclosed medical information about you, other than treatment, payment, health care operations or where you specifically authorized a disclosure. You may request in writing, that we do not use or disclose medical information about you for specific cases or circumstances.

We reserve the right to change the terms of this Notice at any time. Changes will apply to medical information we already hold, as well as new information we receive after the change occurs. If we change our Notice, we will post the new Notice in our athletic training facilities and on our Web site at www.piedmont.edu. You can receive a copy of the current Notice at any time. The effective date is listed just below the title above. You will also be asked to acknowledge in writing your receipt of this Notice on our Student-Athlete Authorization/Consent for Disclosure of Protected Health Information form.

If you have questions regarding your privacy rights, you may contact our Head Athletic Trainer at this address: 165 Central Avenue, Demorest, GA 30535 or call 706-778-8500 Ext. 1204

Piedmont College Athletics Student-Athlete Authorization/Consent For Disclosure of Protected Health Information

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel representing Piedmont College to release information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics. This protected health information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, parents/guardians, hospitals, and/or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, medical supply vendors, and/or service companies, academic counselors, athletic and/or College administrators, chaplains and or clergy members, NCAA Injury Surveillance System, sports information staff and members of the media.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Piedmont College. I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer, but if I do, it will not have any effect in actions that Piedmont College took in reliance on this authorization/consent prior to receiving the revocation. The authorization/consent expires six (6) years from the date it is signed.

Name of Student-Athlete (Print or Type)	Signature of Student-Athlete	Date
Social Security Number of Student-Athlete	Date of Birth of Student-Athlete	
Signature of Parent/Legal Guardian (if student-athlete is under 18 years of age)		Date