

## **Athletics Information**

If you are thinking about trying out for any of Hood's intercollegiate or club teams during this year, you must fill out and return the Medical Authorization, Informed Consent and the Report of Medical History forms as soon as possible. Please contact the Hood College Sports Medicine Center at (301) 696-3836 with any questions.

Please review the following important information about the forms required of all students trying out for an athletic team (basketball, cross country, field hockey, golf, lacrosse, soccer, softball, swimming, tennis, track and field and volleyball) or participating in a club sport (cheerleading and equestrian).

**NOTE: Student-athletes who have not completed and submitted these forms before the first day of practice will not be allowed to participate.**

### **Required Forms for Athletes**

#### **Report of Medical History Form**

- Required for all new students. Located in the health forms sections of the Orientation Notebook.

#### **Informed Consent/Medical Authorization Form**

- Student-athletes and their families acknowledge the risk of injury when participating in an athletic program.
- Gives permission to Hood's staff to render treatment in the event of injury.
- A parent or guardian signature is required in both sections of the form, regardless of student's age.

#### **Student-Athlete Medical Information Form**

- Provides emergency contact, insurance and sport-related health information to the sports medicine staff.
- *Please include a copy of your health insurance card with the forms.*
- Students must have medical insurance to participate in varsity and club sports. If the student is not covered by a family plan or if they will be out of network for the family plan, students should purchase the Hood Student Insurance Plan.



\_\_\_\_\_  
Last, First and Middle Names

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

\_\_\_\_\_  
Gender

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

## **Informed Consent/Medical Authorization Form**

### **Informed Consent**

The student-athlete and a parent/guardian must read this form carefully and sign it.

The undersigned herewith,

- A. Is aware that participating or training to participate in any sport can be a dangerous activity involving many risks of injury.
- B. Understands that the dangers and risks of participating or training to participate in athletics include, but are not limited to, death; serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, ligaments, muscles, tendons and other aspects of the muscular skeletal system; and serious injury or impairment to other aspects of said student-athlete's body, general health and well-being.
- C. Understands that the dangers and risks of participating or training to participate in athletics may result not only in serious injury, but in serious impairment of said student-athlete's future abilities to earn a living, to engage in other business, social and recreational activities; and generally to enjoy life.
- D. Comprehends the dangers of participating in athletics and recognizes the importance of following the instructions of the Athletics staff regarding play/performance techniques, training and other team rules, etc., and agrees to obey such instructions.
- E. Understands that if participating in contact sport(s) (e.g., basketball, field hockey, lacrosse or soccer) the risks of injury are even greater than for other sports.

In consideration of Hood College permitting me to try out for an athletic team(s) and to engage in all activities related to the team, including, but not limited to, trying out, training for, practicing or playing/participating, I agree to hold Hood College, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, cause of action, debts, claims or demands of any kind and nature whatsoever which may arise from or be connected with my participation in any activities related to the sport. The terms hereof shall serve as a release against Hood College, its employees, agents, representatives, coaches and volunteers by myself, my heirs, estate, executor, administrator, assignees and all members of my family.

\_\_\_\_\_  
Signature (student-athlete)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (parent/guardian)

\_\_\_\_\_  
Date

### **Medical Authorization**

The undersigned herewith,

- A. Authorizes the athletic trainer(s) at Hood, who are under the direction and guidance of Hood's Wellness Center, to render said student-athlete any first aid, rehabilitative, diagnostic or emergency treatment that they deem reasonable and necessary to the health and well-being of the student-athlete.
- B. Grants permission to Hood's consulting physician(s) to render said student-athlete any treatment, medical care or surgical care that they deem reasonably necessary to the health and well being of the student-athlete.
- C. When necessary for executing such cases, grants permission for hospitalization, scheduling of appointments and communication with physicians, physical therapists, counselors and other health care personnel regarding the student's medical history.
- D. Authorizes the athletic trainers at Hood to discuss injuries with necessary third-parties, including but not limited to the coaching staff and athletic director as relevant to the student-athlete's participation in practice, competition and/or training.

\_\_\_\_\_  
Signature (student-athlete)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (parent/guardian)

\_\_\_\_\_  
Date

