



Consent, Assumption of Risk, Indemnity, Release and Assignment of Rights Agreement

The undersigned, _____ (“*Participant*”), a copy of whose driver’s license is attached as Exhibit 1, hereby knowingly and voluntarily enters into this Consent, Assumption of Risk, Release and Assignment of Rights Agreement (this “*Agreement*”) after full consideration of the matters set forth in this Agreement and the benefits and the risks associated with participation in one or more of the sports and recreation activities (individually, an “*Activity*” and collectively, the “*Activities*”) offered by _____ (the “*School*”) and sanctioned by the Georgia Collegiate Athletic Association, Inc. (the “*Association*”), including but not limited to those risks described in this Agreement. This Agreement is for the benefit of the School and the Association and their respective officers, directors, trustees, employees, students, affiliates, agents, and counsel (individually and collectively sometimes called the “*Released Parties*”).

Section 1 Initial Representations, Warranties and Covenants of Participant.

Participant is over the age of majority and has full legal and mental capacity to ability to enter into this Agreement and otherwise contract in Participant's own name. Participant is in good health, capable of intense physical and mental activity and not currently under the care of a physician, psychiatrist, psychologist or other physical or mental health practitioner for any condition where the Participant has been counseled against participating in or advised not to participate in any Activity in which Participant now or in may in the future wish to participate.

Section 2 Acknowledgment of Inherent Risks of Activities.

Participant understands and agrees that all or substantially all of the Activities involve strenuous physical activity and many of the Activities have an inherent risk of, serious or catastrophic physical or mental injury or distress, paralysis or even death including without limitation, risks of broken bones, contusions, concussions, muscle tears, and sprains as well as potential risks of injury, infection or disease arising from the participation by other persons in the Activities.



Section 3 **Consent, Assignment of Rights and Release.**

In consideration of Participant being permitted to participate in the Activities and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged and agreed, Participant on behalf of him or herself, his or her family, heirs, estate, executors and personal representatives irrevocably (i) consents to the recordation, memorialization and depiction of the Activities and of Participant's participation therein including through the recording, memorialization and depiction of the Activities and of Participant's participation therein by, or at the direction of, the School or the Association and so consents regardless of the form in which such recordation, memorialization or depiction is or has been or may be depicted, memorialized, stored, transmitted, received or reproduced, including through visual and audio recording of Participant in connection with the Activities or Participant's Participation therein (all of the foregoing individually and collectively a "*Depiction*") and (ii) assigns all right, title and interest, if any of Participant in any Depiction jointly and severally to the School and the Association.

Participant on behalf of him or herself, his or her family, heirs, estate, executors and personal representatives forever assigns to and hereby gives to the School and the Association, their respective legal representatives, successors, and assigns, the unrestricted right and permission to copyright and use, re-use, publish, and republish such Depictions, including, without limitation, photographic portraits or pictures of Participant or in which Participant may be included, whether in whole or in part, composite or distorted in character or form, without restriction as to changes or transformations, whether in conjunction with Participant's own or a fictitious name, or the names of other person or persons, real or fictitious, and whether the original or a reproduction thereof, whether in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever. Participant on behalf of him or herself, his or her family, heirs, estate, executors and personal representatives also permits the use of any printed or other material or media in connection therewith. With full knowledge of the existence of Participant's statutory moral rights as those rights are more particularly described in 17 U.S.C. Section 106(a), Participant on behalf of him or herself, his or her family, heirs, estate, executors and personal representatives hereby knowingly relinquishes and waives any and all rights arising under 17 U.S.C. Section 106(a) and any rights arising under U.S. federal or state law or under the laws of any other jurisdiction that convey rights of the same or similar nature as those conveyed under 17 U.S.C. Section 106(a) or any other type of moral right or *droit moral* as well as all other rights that Participant has or may have to approve the completed products or works, any advertising copy or printed matter or other materials that may be used in conjunction therewith or the use to which it may be applied.



Participant on behalf of him or herself, his or her family, heirs, estate, executors and personal representatives hereby releases, discharges and agree to indemnify and hold harmless the School and the Association, their respective legal representatives, successors, and assigns and all persons acting with the authority or permission of the School and the Association for and from any claims, liability or damages (individually and collectively, "*Damages*") by virtue of any blurring, distortion, alternation, redaction, optical or digital illusion, or use in composite form whether intentional or otherwise that may occur or be produced in the use, taking, reproduction or dissemination of such Depictions (including all audio or visual recordings of Participant) or in any subsequent processing thereof as well as any publication thereof including, without limitation, any and all Damages or other relief and whether constituting or based on theories of libel, invasion of privacy, false light, defamation, negligent or intentional infliction of emotional distress, right to privacy or right to publicity. Participant on behalf of him or herself, his or her family, heirs, estate, executors and personal representatives understands that publication of such Depictions, whether in whole or in part, may result in a diminution of Participant's rights of privacy, publicity, personal property, trademark rights, service marks rights and/or merchandising rights.

Section 4 **Indemnity and General Release.**

In consideration of Participant being permitted to participate in the Activities and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Participant, on behalf of his or herself, his or her family, heirs, estate, executors, and personal representatives, voluntarily assumes full risk and responsibility surrounding (A) his or her execution, delivery, and performance of this Agreement, (B) Participant's participation in the Activities, (C) Participant's travel to and from the Activities, and (D) the participation by any other person or entity in or in connection with the Activities, whether as an athlete, official, spectator, sponsor, vendor, School Associated Person, Association Associated Person, or otherwise and Participant on behalf of him or herself, his or her family, heirs, estate, executors and personal representatives hereby indemnifies, releases and forever discharges and shall indemnify and hold harmless the Released Parties from and against all past, present, and future claims, demands, damages, actions, cost, expenses, attorneys fees, losses, liabilities, injury to person (including death), property or reputation or loss of enrollment or employment by reason of the matters set forth in clauses (A) through (D) above, including, without limitation, any accident, injury, illness, Damages or other consequences arising or resulting, directly or indirectly, in any manner whatsoever from Participant's participation in the Activities.

For purposes of this Agreement, "School Associated Person" shall include any person attending or participating directly or indirectly in an Activity as a cheerleader, drill team member, flag corps member, mascot, band member or other role in which the person is or



reasonably appears to be affiliated with the School and shall also include any employee of the School who is or reasonably appears to be attending or participating directly or indirectly in the Activity as a representative of the School (including without limitation, presidents, vice presidents, athletic directors, coaches, student coaches and volunteer or community coaches of or affiliated with the School), prospective students, guests and other invitees of the School or of its representatives, volunteers or other members of any auxiliary organization.

For purposes of this Agreement, "Association Associated Person" shall include any person attending or participating directly or indirectly in an Activity or in a role in which the person is or reasonably appears to be affiliated with the Association and shall also include any employee of the Association who is or reasonably appears to be attending or participating directly or indirectly in the Activity as a representative of the Association (including without limitation, the Commissioner, assistant commissioners, officers of the Association, statisticians, presidents, vice presidents, athletic directors and coaches of or affiliated with the School in one or more capacities on behalf of the Association), guests and other invitees of the Association or of its representatives, volunteers or other members of any auxiliary organization.

Section 5 **Dispute Resolution; Binding Arbitration.**

In the event this Agreement is the subject of any legal action, whether with respect to its enforceability or otherwise, Participant agrees that, in the event the School or the Association prevails in any material respect in such legal proceeding that Participant shall pay all of the costs and expenses of the prevailing party or parties, including legal fees and expenses in connection with such proceeding including all appeals of any such determination or proceeding.

Should there be any dispute concerning this Agreement including its enforceability or interpretation or Participant's consent to or participation in any of the Activities that would require legal adjudication, the adjudication of such dispute will be determined solely by confidential binding arbitration before a panel of three arbitrators, one of whom shall be appointed by the School and the Association, one of whom shall be appointed by Participant and one of whom shall be selected by the initial two arbitrators. Any arbitrator selected by Participant or by the other arbitrators shall be familiar with the Activities and experienced in the handling of disputes involving the types of Activities contemplated by this Agreement.

In the event the initial two arbitrators cannot agree on a third arbitrator, then such third arbitrator may be appointed by the American Arbitration Association.



Each of the School and the Association on the one hand and the Participant on the other hand shall bear the costs of the arbitrator respectively selected by them and each shall each bear one-half of the costs of the third arbitrator and all other costs of such arbitration, *provided however*, if the School or the Association prevails in such arbitration in any material respect then the arbitration panel shall award such prevailing party with all of the costs of such prevailing party of participating in the arbitration. Such arbitration shall be conducted in the City of Atlanta, State of Georgia or at such other place within or without the State of Georgia to which each of the School and the Association may consent.

(Participant to initial here)

Section 6 Governing Law.

The officers of the Association are located in the State of Georgia, certain Members of the Association are located in the State of Georgia and it is the intent of the parties to this Agreement that certain of the Activities will occur in the State of Georgia, and it is the intent of the parties that this Agreement shall be governed by the law of the State of Georgia except that the provisions of Section 5 are intended to be governed by the United States Arbitration Act. Accordingly, this Agreement shall be governed by, and be construed in accordance with, the laws of the State of Georgia without application of any conflict of laws principles which would result in the application of any other law except that the provisions of Section 5 are intended to be governed by the United States Arbitration Act.

Section 7 Other Legal Issues.

Participant has fully and carefully read this Agreement before signing it and is completely familiar with and understands its terms.

Participant has had an opportunity to make such investigations with respect to this Agreement, its terms, and the Activities and other matters contemplated by this Agreement as he or she desires, is satisfied with the results of any such investigation and is solely responsible for the completeness and adequacy of any such investigation.

No representations, statements, or inducements, oral or written, apart from those expressly set forth in this Agreement have been made or authorized by the School or the Association or the other Released Persons and if made by any other person should not be relied upon for any purpose whatsoever.



Except as expressly contemplated by the terms of this Agreement, this Agreement represents Participant's complete understanding with the School and the Association concerning the School and the Association's responsibility and liability for Participant's participation in the Activities, supersedes any previous or contemporaneous understandings Participant may have had with the School and the Association on the subjects of this Agreement, whether written or oral, and except as expressly set forth herein cannot be changed or amended in any way without the express written consent of the persons sought to be charged.

Participant agrees that should any provision or aspect of this Agreement be found to be unenforceable, that all the remaining provisions of this Agreement will remain in full force and effect and that in the event any provision is declared invalid or unenforceable that any authority (including any arbitrator as provided for by the terms of Section 5) with jurisdiction over the parties construing this Agreement shall reform it to include a provision or provisions as near in force and effect as are legally permissible to any provision which is declared invalid or unenforceable.

Decisions taken by Participant regarding his or her participation in the Activities are personal. Participant understands and agrees that it is solely his or her responsibility to determine, in consultation with his or her family members, medical authorities and/or other competent authorities, whether or not she should participate in the Activities. Participant represents that his or her agreement to the provisions of this Agreement is wholly voluntary.

Participant further understands that, prior to signing this Agreement, he or she may consult with the advisor, counselor, or attorney of his or her choice at his or her own expense and that Participant represents that Participant has had a reasonable opportunity to do so. This Agreement may be executed electronically by conformed or printed signature transmitted as provided above and this Agreement or any amendment thereto shall be as legally binding as a manually executed Agreement. and, upon request, shall furnish a manually executed copy of this Agreement or any Amendment to this Agreement. Participant's failure or refusal to furnish any manually executed copy of this Agreement or any amendment hereto or thereto shall not affect the validity or interpretation of any electronically executed Agreement or amendment hereto.

Participant signs this Agreement intending to be fully and legally bound hereby.

Name of Participant _____

Signature of Participant _____

Date _____



Medical History Questionnaire

Please answer every question below as best you can. This is the only way you can help us serve you better, know more about you and your medical background, as well as, give you the best possible medical care and continuation service. If the space provided to answer questions is not adequate, you may attach additional information. **Note - Please Print**

Name: _____ Sport: _____

_____ Student ID: _____

(Last) (First) (Middle)

Social Security Number: ____/____/____ Sex: F ____ M ____ Date of Birth: _____

Home Address: _____

(Street) (City) (State) (Zip)

Home Phone: (____) _____

IN CASE OF EMERGENCY, PERSONS TO NOTIFY:

(1) Name: _____ Relationship: _____

Phone: _____

Home

Address: _____

(Street) (City) (State) (Zip)

Work Phone: _____

(2) Name: _____ Relationship: _____

Phone: _____

Home

Address: _____

(Street) (City) (State) (Zip)

Work Phone: _____

HOME PHYSICIAN, HEALTH CLINIC OR FACILITY

Name: _____ Phone: _____

(____) _____

Address _____

(Street) (City) (State) (Zip)



MEDICAL HISTORY: FAMILY

Please indicate if there is a history of any of the following conditions in your family and their relation to you.

Yes No

- 1. Heart attack
- 2. Diabetes
- 3. Stroke
- 4. High blood pressure
- 5. Sudden death

MEDICAL HISTORY: PERSONAL

Do you presently suffer from or have you ever had any of the following:

Yes No

- 1. High blood pressure
- 2. Rheumatic fever
- 3. Heart condition
- 4. Collapsed lung
- 5. Tumor, growth cyst, cancer
- 6. Ruptured organs
- 7. Hepatitis
- 8. Pneumonia
- 9. Bronchitis
- 10. Monucleosis
- 11. Asthma
- 12. Meningitis
- 13. Migraines
- 14. Seizure disorders
- 15. Diabetes
- 16. Take insulin
- 17. Sickle cell anemia
- 18. Anemia
- 19. Abnormal bleeding
- 20. Hearing defect or loss
- 21. Heat illness (heat exhaustion, heat stroke, heat cramps)
- 22. HIV positive
- 23. AIDS



IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM AND THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY ONE:

GENERAL MEDICAL QUESTIONS

1. Have you been admitted to a hospital or had inpatient surgery?

Yes ___ No ___

Procedure performed: _____

Name & Address of Physician: _____

2. Have you had outpatient surgery? Yes ___ No ___

Procedure performed: _____

Name & Address of Physician: _____

3. Have you ever been advised to have surgery that you have not done?

Yes ___ No ___

Please explain: _____

4. Have you had any serious injury or illness not requiring hospitalization?

Yes ___ No ___

Please explain: _____

5. Are you presently taking any medications, prescription or non-prescription, on a routine basis?

Yes ___ No ___

Medication (s): _____

6. Have you ever passed out during exercise? Yes ___ No ___

Please explain: _____

7. Do you have a COMPLETE and FUNCTIONAL set of all paired organs? (eyes, ears, kidneys, ovaries, testicles, lungs) Yes ___ No ___

Please explain: _____

8. Are you on a special diet (vegetarian, low salt), whether by choice or a physician's orders?

Yes ___ No ___

Please explain: _____



VISION:

Yes No

___ 1. Do you wear glasses now?

If yes, reading only ___
distance only ___ Rx: R ___
all the time ___ L ___

___ 2. Do you wear contact lenses?

If yes, soft lenses ___ Rx: R ___
hard lenses ___ L ___

___ 3. Do you wear contact lenses/glasses to participate in activities?

___ 4. Have you ever had an eye injury?

Date of injury: _____

NEUROLOGICAL:

Have you ever been or suffered from:

Yes No

- ___ 1. Numbness
- ___ 2. Muscle weakness
- ___ 3. Concussion
- ___ 4. Loss of memory
- ___ 5. Disk injury
- ___ 6. Cervical spine dislocation
- ___ 7. Low back pain
- ___ 8. Burning/numbness in legs
- ___ 9. Constant/intermittent pain
- ___ 10. Neck/back surgery
- ___ 11. Abnormal x-ray for any of the above
- ___ 12. CT or MRI for any of the above
- ___ 13. Seen by a neurosurgeon for any of the above
- ___ 14. Hospitalized for any of the above

IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM AND THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY ONE:



CARDIAC:

Yes No

- ___ ___ 1. Have you ever felt dizzy, light-headed, or passed out during exercise?
- ___ ___ 2. Have you ever had chest pain while exercising?
- ___ ___ 3. Have you ever had irregular heartbeats or felt palpitations?
- ___ ___ 4. Have you ever been told you have a heart murmur?
- ___ ___ 5. Has a heart specialist (cardiologist) ever seen you? If yes,
date: _____, Physician's name & address: _____
- ___ ___ 6. Have you ever had an echocardiogram?
- ___ ___ 7. Have you ever had a stress (heart) exam?

IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM, AND THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY

ONE: _____

ORTHOPAEDIC HISTORY

SHOULDER/ARM:

Yes No

- ___ ___ 1. Dislocations
- ___ ___ 2. Partial dislocation/subluxation
- ___ ___ 3. A-C (acromioclavicular) separation
- ___ ___ 4. Fracture
- ___ ___ 5. Shoulder "slips"
- ___ ___ 6. Pain with overhead activities
- ___ ___ 7. Clicking or locking
- ___ ___ 8. Sprain/Strain
- ___ ___ 9. Calcium deposit
- ___ ___ 10. Injections
- ___ ___ 11. X-rays, CT, or MRI for any of the above
- ___ ___ 12. Surgery for any of the above
- ___ ___ 13. Other

IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM AND THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY ONE: _____

ELBOW/WRIST/HAND/FINGERS

Yes No

- ___ ___ 1. Fractures
- ___ ___ 2. Dislocations
- ___ ___ 3. Sprains/Strains
- ___ ___ 4. Tendonitis/bursitis
- ___ ___ 5. X-ray, CT, or MRI for any of the above
- ___ ___ 6. Surgery for any of the above
- ___ ___ 7. Other



IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM AND THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY ONE:

CHEST

Yes No

- 1. Fractured collarbone
- 2. Fractured ribs
- 3. S-C (sternoclavicular) separation
- 4. X-ray, CT, or MRI for any of the above
- 5. Surgery for any of the above
- 6. Other

IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM AND THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY ONE:

HIP/LOW BACK

Yes No

- 1. Dislocation
- 2. Fracture
- 3. Disk injury
- 4. Referred pain
- 5. Pain down leg
- 6. Numbness in leg
- 7. Weakness in leg
- 8. Sprain/Strain
- 9. X-ray, CT, or MRI for any of the above
- 10. Hospitalized for any of the above
- 11. Surgery for any of the above
- 12. Other

IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM AND



THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY ONE:

THIGH

Yes No

- ___ ___ 1. Fractures
- ___ ___ 2. Quadriceps strain (pull)
- ___ ___ 3. Hamstring strain (pull)
- ___ ___ 4. X-ray, CT, or MRI for any of the above
- ___ ___ 5. Hospitalized for any of the above
- ___ ___ 6. Surgery for any of the above
- ___ ___ 7. Other

IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM AND THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY ONE:

KNEES:

Yes NO

- ___ ___ 1. Have you ever injured your knees?
- ___ ___ 2. Kneecap dislocation/subluxation
- ___ ___ 3. Fractures
- ___ ___ 4. Sprains
- ___ ___ 5. Torn ligaments
- ___ ___ 6. Torn cartilage
- ___ ___ 7. Tendonitis/ jumper's knee
- ___ ___ 8. Bursitis
- ___ ___ 9. Chondromalacia
- ___ ___ 10. Osgood Schlatter's
- ___ ___ 11. Giving away
- ___ ___ 12. Locking/Clicking
- ___ ___ 13. Swelling
- ___ ___ 14. Pain
- ___ ___ 15. X-rays, CT, or MRI for any of the above
- ___ ___ 16. Arthroscope/arthrogram for any of the above
- ___ ___ 17. Surgery of any of the above
- ___ ___ 18. Do you wear any type of brace /sleeve when participating in activities.
- ___ ___ 19. Other



IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM AND THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY ONE:

LOWER LEG/ ANKLE/ FOOT/ TOES:

Yes No

- 1. Dislocation
- 2. Fracture
- 3. Stress fracture
- 4. Sprains
- 5. Strains
- 6. Shin splits
- 7. Plantar fasciitis
- 8. Tendonitis
- 9. Bursitis
- 10. Anterior compartment syndrome
- 11. Do you wear orthotics?

IF "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN, GIVE DATES OF PROBLEM AND THE PHYSICIAN'S NAME & ADDRESS IF SEEN BY ONE:



QUESTIONNAIRE:

Yes No

_____ 1. Have you had or do you now have any other medical problems or injuries not listed on this form? If "yes", please explain: _____

_____ 2. Do you have any medical or health problems that you are currently receiving medical treatment for? If "yes", please explain: _____

_____ 3. Is there any reason that you are not able to participate in athletic activities? If "yes", please explain: _____

_____ 4. Are there any additional health problems you would prefer to discuss privately with a member of our staff or a physician?

Signature of Athlete: _____ Printed

Name: _____

Date: _____

Parent Signature if under 18: _____

Upon receipt of this medical history form, it is to be reviewed and signed by a member of our staff.

Signature of staff member: _____

Printed Name: _____

Date: _____



CONSENT FOR TREATMENT FORM

Permission is granted to the medical personnel (Athletic Trainer, Team Physicians) of South Georgia State College to seek and/or initiate treatment for emergency medical treatment, hospitalization, or any other medical treatment as may be necessary for the welfare of

_____ Athlete name/signature

_____ Print name

_____ Parent/guardian

name _____ Print name Date _____



**HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT
(HIPAA) RELEASE FORM**

I, _____, authorize SGSC healthcare providers (student athlete-print name) to disclose information regarding any injuries I might receive during the course of the season, as well as my general fitness to play, to SGSC Athletic Training or appropriate SGSC Athletic staff. I understand that I have the right to withdraw my consent, in writing, at any time. I also understand that if any information is disclosed to a non-covered entity (including any member of the coaching staff or athletic department personnel not designated to receive information) it may no longer be protected under HIPAA. Should I choose not to sign this form I will not be denied treatment for any injury by the SGSC Athletic Training staff.

Signature _____ Date _____

(Student athlete)

Witness _____ Date _____



STUDENT ATHLETE INSURANCE TRAVEL FORM

Please attach a copy of your student's insurance card

Athletes Name _____

Sport _____

SSN# _____ DOB _____

Age _____

Athletes local address &

phone _____

Parents name _____ SS# _____ DOB _____

Home

address _____

Street City, State, & Zip code

Employer's

Name _____

Employer's

address _____

Street City, State, & Zip code

Home phone _____ Work

phone _____

Insurance

company _____ Phone _____

Group # _____ Policy # _____ Other

Mailing address for

claims _____

Street City, State, & Zip code

1. Is your dependant son/daughter covered under above policy? ___yes___ No

2. Is this policy an HMO? ___yes___ NO

3. Is second opinion required for surgery? ___yes___ no

Permission is granted to the insurance company at South Georgia State College to file claims with and receive information from my insurance company as it relates to my son / daughter named above.

Date _____ Signature of

Parent/Guardian _____



INSURANCE COVERAGE EXPLANATION FORM

The athletic department at South State Georgia College provides a "secondary" or "rider" insurance as is customary at major universities. This means that your insurance is used first (primary insurance) in the case of any accidents that may occur while your son / daughter is participating in intercollegiate athletics at South Georgia State College. We do request, should any bills come directly to you, that you please send us the bills and any "Explanation of Benefits" (EOB's) forms that you receive on the injury from your insurance company. The secondary coverage is limited to injuries and accidents only when participating in organized athletic events, practices and conditioning for South Georgia College. It is for this reason that we request that you DO NOT DROP YOUR SON/DAUGHTER FROM YOUR INSURANCE..

Any questions, bills or EOB's should be forwarded to Ms. Martha Morgan OR Claire McQuaig, Athletic Trainer at 100 W. College Park Dr. Douglas, GA, 31533.

**All INTERNATIONAL students must be covered by a policy that will cover athletic injuries. This does not apply to the policy offered by the campus Student Health Center.*

**All MILITARY DEPENDANTS covered by Tricare must purchase a policy. Tricare is a secondary insurance, which means the responsibility would fall to SGSC. You must be covered by a policy that will serve as primary.*

**SGSC WILL NOT be responsible for bills or treatments for an athlete with a pre-existing condition. SGSC is only responsible for NEW injuries that occur while participating in varsity athletics at SGSC.*

**SGSC will only approve secondary payment on medical care arranged/approved by the Head Athletic Trainer.*

**If your insurance policy changes or is cancelled during the school year you must notify the Head Athletic Trainer immediately. SGSC will not be responsible for any medical bills incurred if a policy has been cancelled or changed unless notified of such ahead of time.*

**SGSC will not provide secondary insurance coverage to any athlete that has not received a physical or completed and turned in all necessary medical forms. Athletes will also not be able to receive treatment in the SGSC Training Room until all of the above are received.*

**SGSC will be responsible only for injuries that occur during an official practice or event. An official practice or event is anything sanctioned by the NJCAA where a coach is present.*

Athlete printed name Athlete signature

Parent printed name Parent signature

Date

NOTE If a student athlete goes to the doctor without an accident claim form in hand, then SGSC secondary insurance will be denied. The form must be signed by the athlete and the athletic director (Jeff Timothy), athletic trainer (Claire McQuaig), or assistant to the athletic director (Martha Morgan). If this form is not done properly, SGSC insurance will not be provided. This specific form can be found on campus with Ms. Martha Morgan in the Wellness Building.



Drug Policy

South Georgia State College is very concerned about the education, health, and safety of our student-athletes. The purpose of our drug testing program is to prevent the use and abuse of banned substances.

The goals of the drug testing are to evaluate, educate, and, if necessary and feasible rehabilitate our student-athletes. Drugs are a serious problem. The uses of banned substances are (1) harmful to your health and possibly safety and health of others, and (2) a violation of Georgia law and Federal law.

South Georgia State College will randomly test members of athletic teams for select NCAA banned substances. Follow-up testing will include all student-athletes who initially test positive.

Should a student-athlete test positive, or refuse a drug test, he/she will be assigned to Drug Intervention Counseling. Failure to attend counseling will result in the student-athlete being dismissed from his/her respective team. In addition, any student-athlete who tests positive will receive the following Athletic Department sanction”

FIRST POSITIVE: MANDATORY Drug Intervention Counseling with weekly updates reported to the Athletic Office, possibility of loss of athletic financial aid, and possible suspension from game(s) or team functions.

SECOND POSITIVE: SUSPENSION from the team and suspension from participation for one full calendar year. Continued Drug Intervention Counseling at the expense of the student-athlete with weekly updates reported to the Athletic Office and loss of athletic financial aid.

THIRD POSITIVE: LOSS of eligibility and Athletic Financial Aid for the following year.

Results of the test are confidential and will be reported to the Head Athletic Trainer who will notify only the AD, Coach, and Director of Compliance and Student-Athlete Services.

Only authorized persons will be in the testing stations.

Continuing observation of the student-athlete while the test is being conducted should be respected.

Subsequent random testing and continued testing of those student-athletes who test positive will be unannounced.

Student-athletes who refuse to participate in the Drug Testing Program will not be eligible to practice or compete in the Athletic Program.

**South Georgia State College
Department of Athletics
Drug Screening and Substance Abuse Testing
Consent to Participate**

I _____ hereby acknowledge that a copy of the South Georgia State College Department of Athletics Drug Screening Policy has been made available to me. I further acknowledge that I have read the Policy and that I fully understand the provisions of the Policy. I hereby voluntarily and without threat, inducement, or compulsion, consent to have a sample of my urine collected and tested for the presence of certain drugs or substances on a random, unannounced basis, in accordance with the provisions of the Drug Screening Policy, and as such times as required under the policy. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement. (If a minor under eighteen (18) years of age, parent or legal guardian signature must be provided) I do for myself, my heirs, and personal representatives further agree to defend, hold harmless, indemnify, forever release and discharge South Georgia State College, Board of Regents on behalf of its trustee, agents, and employees from all claims, and actions for damages arising out of my participation in the drug screening.

Student-Athlete's Name Printed

Date

Student-Athlete's Signature

Date

Parent and/or Legal Guardian's Signature (Under 18)

Date

**South Georgia State College
Student-Athlete
Conduct Attestation Form**

Reviewed by:	
Athletics	_____
Title IX	_____
Follow-Up Needed	_____

South Georgia State College is committed to sexual violence prevention. The purpose of this form is to collect information relating to *conduct related issues*. Please complete the information listed below accurately and honestly. Failure to complete the appropriate information below or fraudulently misrepresenting yourself could result in suspension from South Georgia State College athletics activities and possible scholarship reduction/cancellation. **If you have any questions about this form, please contact the Deputy Title IX Coordinator, Sandra Adams.**

Requirements

Who:

All student-athletes to include: prospective (**first year**), incoming (**transfer**), and **returning** student athletes.

When:

Every year of intercollegiate athletics prior to participation (includes practice and competition).

What:

Attest (disclose) if the prospective/incoming/returning student athlete has been disciplined through a Title IX or sexual misconduct proceeding; or criminally convicted, regardless of the degree, and whether the result of a plea or court determination, of either of the following:

- **Sexual Violence** – A term used to include both forcible and non-forcible sex offenses, ranging from sexual battery to rape.
- **Interpersonal Violence** – Violence that is predominately caused due to the relationship between the victim and the perpetrator, including dating and domestic violence.
- **Other Acts of Violence** – Crimes including murder, manslaughter, aggravated assault or any assault that employs the use of a deadly weapon or causes serious bodily harm.

Attestation (Check one)

____ I attest that I **HAVE NOT** been found responsible for violating a high school, college or university policy; or been subject to discipline through a Title IX or sexual misconduct proceeding; or criminally convicted for sexual violence, interpersonal violence or any other act of violence as described above, **AND** that I did not leave any prior institution with conduct charges **PENDING** for such acts.

____ I attest that I **HAVE** been found responsible for violating a high school, college or university policy; or been subject to discipline through a Title IX or sexual misconduct proceeding; or criminally convicted for sexual violence, interpersonal violence or any other act of violence as described above.

Institution Name: _____ Dates Attended: _____

____ I attest that I **HAVE PENDING** charges through a Title IX or sexual misconduct proceeding.

Institution Name: _____ Dates Attended: _____

____ I agree to allow South Georgia State College through oversight of the Title IX Office and with assistance of the Athletic Department where applicable, to contact the above institution to gather additional information regarding this disclosure.

By signing below, I attest that, to the best of my knowledge and belief, that all information attested to on this form is accurate and complete, and that providing purposefully false information on this form could result in penalties by South Georgia State College, including jeopardizing my eligibility to participate in athletic activities and/or scholarship receipt.

Student Name: _____ **Signature:** _____ **Date:** _____ **SGSC ID#:988**
(print)

Signature of parent or legal guardian (if student-athlete is a minor): _____ **Date:** _____

Athletic Status (circle one): First-Year Transfer Returning Sport: _____

South Georgia State College
Campus Sexual Violence Institutional Disclosure Form
*****TO BE COMPLETED BY PROSPECTIVE TRANSFER STUDENT-ATHLETES ONLY*****

Reviewed by:	
Athletics	_____
Title IX	_____
Follow-Up Needed	_____

South Georgia State College (SGSC) gathers certain disciplinary and criminal history about incoming and transfer prospective student-athletes from their former institutions. Prospective student-athletes who wish to participate in SGSC intercollegiate athletics must comply with this procedure.

Instructions

- A prospective transfer student-athlete must fill out a disclosure form for each 2-year/4-year school/college/university institution they have attended in the past four years. (One form per institution.)
- Each prospective transfer student-athlete will fill out **Section A** of this form.
- The prospective transfer student-athlete must have their current and/or former institution's Title IX Officer (or equivalent official with access to student's disciplinary records) complete **Section B**. If the prospective transfer student attended more than one prior institution, a separate form is needed for each institution. (One form per institution.)
- If the prospect is having a difficult time reaching a prior institution they are no longer attending, South Georgia State College can help facilitate the prior institution form request.

Please contact SGSC Deputy Title IX Coordinator, Sandra Adams, if you have any questions.

Section A - to be completed by the prospective transfer student-athlete:

First Name: _____ **Last Name:** _____ **DOB:** _____
(print) (print)

Authorization: I authorize _____ (former institution) to release disciplinary and/or criminal information from my educational records to South Georgia State College.

Student-Athlete Signature: _____ **Date:** _____

Section B - to be completed by former institutions the student attended in past four years:

Note: This section must be completed by a school/college/university official with access to student's disciplinary records. If the institution has a policy that prevents it from responding, or the institution otherwise seeks to discuss this request, please contact Sandra Adams at sandra.adams@sgsc.edu

Institution Name: _____ **Institution Official's Name:** _____
Institution Official's Title: _____ **Email:** _____ **Phone:** _____

Questions:

If yes to any of the following, please provide further documentation:	Yes	No
1. Has the student ever been found responsible in a Title IX or related disciplinary proceeding for sexual, interpersonal or other acts of violence?		
2. Has the student ever been criminally convicted for sexual, interpersonal or other acts of violence?		
3. Did the student have a Title IX or related disciplinary proceeding pending for sexual, interpersonal or other acts of violence when the student left the institution?		

Institution Official Signature: _____ **Date:** _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____