CAPITAL UNIVERSITY
INTRAMURAL & RECREATIONAL ACTIVITIES
SPORT CLUB PROGRAM

Membership Procedure

As stated in the Sport Club Officer's Manual under Membership (Pg. 3), Capital University Athletic Dept. must have on file the following completed forms (Sport Club Participation Packet) before a Sport Club member can participate in any club activities:

1. Acknowledgment of Participation and Release, 2. Medical History, 3. Emergency Information, 4. Athletic Training Services.

These forms constitute a legal standard that require accurate filing and management by an administrative body, Capital University Athletic Department. To help both the Sport Club officers and Capital ensure that the Sport Club Program meets this legal standard, the following procedures have been developed:

1. Sport Club members may pick up the Sport Club Participation Packet at either the Club Sport Office, or from their respective Sport Club officer.

2. Sport Club members must complete all sections of the forms. Omitting any section may result in CSD returning the form via mail or campus mail, delaying the member's opportunity to participate. It is required to submit copies of member's health insurance card, driver license, and auto insurance regardless of whether he/she plans to travel as a just-in-case measure.

3. Once a member submits the completed forms, the Club sports director will make copies of the Medical History and the Emergency Information and get them to the Sport Club officer(s) in charge of safety. Once the Sport Club officer(s) in charge of safety receives the copied Medical History and Emergency Information, that member may participate.

4. The Sport Club officer(s) in charge of safety must keep the copies of the Medical History and the Emergency Information with the FA Kit, all of which should be on location at any club practices and/or events. At no time should a member participate who does not have his/her Medical History and Emergency Information on location.

Additionally, if a member plans to travel for any club activities, both Club sport director and the club's safety officer must also have a copy of his/her health insurance card. As traveling with the club is the standard method of travel, members wishing to travel outside the club's plans (ie. driving self) must request an exception from the Sport Club Director by submitting a Travel Release at least three days prior to the date of travel and meeting with the Sport Club Director to discuss the nature of the exception.

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Acknowledgment of Participation and Release

Participants in the Sport Club Program at Capital University, under the supervision of the Intramural and Recreational Activities Department, should be aware of the possible risks that are inherent in the nature of some of the activities. These risks include, but are not limited to, the potential for accidents or illness while traveling to and from club activities. Participants should realize that risks cannot be eliminated completely. However, if participants meet minimum physical and mental conditioning and follow safety procedures, the potential for mishaps is reduced.

I, _____, a member of _____, a student organization recognized by the Student Affairs Council of Capital University and organized by Capital Athletic Department, affirm that I am aware of my physical condition, that participation in this sport club may result in possible injury as a result of the sport clubs nature, and that I am assuming any risk that may be involved by participating in the sport club.

In addition, I do hereby release Capital University, its faculty and staff members, and the CSD of any responsibility of liability in case of any personal injury sustained by me or damage to property of others caused by me while participating in the activities of the aforementioned sport club. Such participation will include practice, club functions, competition, and travel to and from all sport club activities.

I further acknowledge that I am aware of insurance policies that are available to me through private or institutional means, that I know and understand club and University policies and procedures, and that I will represent the club and the University in such a manner that is expected. I have read and understand the above statements and will carry them out.

_____ _____
Signature Date

_____ _____
Printed Name CU ID #

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Medical History

NAME:_____ DATE:_____

(Last) (First) (MI)

LOCAL ADDRESS:_____ LOCAL PHONE:_____

DATE OF BIRTH:_____ AGE:_____ CU ID.#_____ SPORT CLUB :_____

PARENT INFORMATION

FATHER:_____ MOTHER:_____

ADDRESS:_____ ADDRESS:_____
(street) (street)

_____ _____
(city, state, zip code) (city, state, zip code)

PHONE: (H)_____(W)_____ PHONE: (H)_____(W)_____

PHYSICIAN INFORMATION

FAMILY PHYSICIAN:_____ PHONE:_____

ADDRESS:_____
(Street) (City, State, Zip Code)

FAMILY HISTORY

Has anyone in your family had any of the following? (Please circle and give relation)

Heart Disease_____ Diabetes_____
High Blood Pressure_____ Heart Disease_____
Sickle Cell_____ Other_____
Cancer_____ Explanation_____

RECORD OF ILLNESS

(Check those that you have had; star those that you have had during past year)

____Allergies
____Appendicitis or
____Appendectomy
____Arthritis
____Asthma
____Bronchitis
____Chickenpox
____Convulsions or Fits
____Diabetes
____Diphtheria
____Epilepsy
____Frequent Colds
____Bone & Joint Diseases
____Skin Diseases

____Hay Fever
____Heart Disease or
____Heart Trouble
____Heat Exhaustion
____Hepatitis
____Hernia or Rupture
____Hives
____Influenza
____Kidney Disease or
____Bladder Problem
____Malaria
____Measles
____Other_____
List Other Illnesses By Name:

____Mononucleosis
____Mumps
____Poliomyelitis
____Pneumonia
____Rheumatic Fever
____Scarlet Fever
____Smallpox
____Tonsillitis or
____Tonsillectomy
____Tuberculosis
____Ulcer
____Whooping Cough
____Other_____
____Other_____

(continued on back of page)

RECORD OF SYMPTOMS
(Check those that you have had; star those that you have now)

____Aching Eyes
____Sties
____Blurred Vision
____Inflamed Eyelids
____Ringing in Ears
____Difficulty in Hearing
____Ear Fluid Discharge
____Ear Infections
____Nasal Discharge
____Sinus Infection
____Nosebleed
____Sore Throat
____Cough (Prolonged)
____Hoarseness(Laryngitis)
____Headaches
____Blackouts

____Blood in Urine
____Sugar in Urine
____Gall Bladder Trouble
____Abdominal Pain
____Diarrhea
____Jaundice
____Vomiting
____Fluid Retention
____Indigestion
____Boils
____Acne
____Eczema
____Hemorrhoids
____Painful Urination
____Swelling of Ankles

____High Blood Pressure
____Frequent/Painful Urination
____Heart Murmur
____Toothaches
____Swollen or Painful Joints
____Backache
____Leg Pains - Cramps
____Constipation
____Insomnia
____Motion Sickness
____Recent Weight Gain/Loss
____Tumor, Growth, Cyst
____Shortness of Breath
____Chest Pains
____Palpitation/Pounding Heart
____Fainting Spells/Dizziness

If you check or star any of the above, please explain in detail: _____
_____

EYES
Yes___No___Do you consider your vision to be normal in each eye without corrective lenses?
Yes___No___Had eye exam in past two years?
Yes___No___Do you have a peripheral vision problem?
Yes___No___Do you wear contact lenses?
If yes, what type? Hard____ Soft___ Extended Wear___

Yes___No___Do you wear glasses?
Yes___No___Are you near-sighted?
Yes___No___Do you have a "lazy eye"
Yes___No___Are you color blind?
Yes___No___Have you ever had eye surgery?
Yes___No___Have you ever had an eye injury?
If yes, what type?_____

ALLERGIES
Please check or list and specify:
Do you have any allergies? Yes___ No___
Hay Fever_____
Poison Ivy or Oak_____
Drugs or medications_____

Adhesive Tape_____
Foods_____
Other_____

TONSILS
Present_____ Removed_____ Have frequent sore throats?_____

MEDICATION/TREATMENT
Are you taking any medication at the present time? Yes___ No___
List all drugs or medicine with daily or regular doses:_____
Have you required any special adhesive taping, wrapping or protective services (braces for participation in athletic competition)?
Yes___ No___ Please specify in detail and for what part of the body these items are needed:_____
_____

CERTIFICATION
I certify that the medical history above is accurate and complete, to the best of my knowledge.

Date:_____ Signature:_____

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Emergency Information

NAME:_____ YEAR: FR / SO / JR / SR BIRTHDATE:_____
SPORT(S):_____ CU ID #:_____ LOCAL PHONE:_____
LOCAL ADDRESS: _____ DORM:_____ ROOM#:_____
FATHER_____ MOTHER_____
ADDRESS:_____
CITY:_____ STATE:_____ ZIP:_____
PHONE:(home)_____ (Work-Father)_____ (Work-Mother)_____
EMERGENCY CONTACT:_____ RELATIONSHIP:_____
PHONE:_____

PRIVATE INSURANCE: (PRIMARY)
IS THIS PRIMARY INSURANCE A: HMO? OR PPO?
NAME:_____
MAILING ADDRESS: _____
CITY, STATE, ZIP:_____
PRE-AUTHORIZATION PHONE:_____
GROUP #:_____
POLICY #:_____
OTHER #:_____
EMPLOYEE: _____

BASIC HEALTH INFORMATION
KNOWN ALLERGIES:_____

CURRENT MEDICATION(S):_____

SPECIAL MEDICAL PROBLEMS:_____

OTHER IMPORTANT INFORMATION:_____

MEDICAL RELEASE FOR TREATMENT
I authorize _____or other Capital University faculty/staff person or sport club representative to
Name of Coach or Athletic Trainer
authorize on my behalf all appropriate medical treatment which may be required in the event of an illness or injury to
_____ resulting in any manner
Name of Student + CU ID #
from participating in Capital University's Sport Club Program. This authority is intended to cover any illness or injury sustained while traveling to, from, or while participating in any sport club event, practice session, or other event associated in any way with my participating in the Sport Club Program.

_____ _____
DATE STUDENT'S SIGNATURE

_____ _____
DATE PARENT/GUARDIAN SIGNATURE IF STUDENT IS UNDER 18

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Athletic Training Services

1) To the best of his/her ability, the athletic trainer will provide each Capital University sport club member with opportunities for immediate first aid care and follow-up therapy or treatment for all injuries sustained at scheduled practices or games. Necessary referrals to appropriate physicians or medical services will be made as approved by the athletic trainer.

2) **A comprehensive physical examination is required for all students who are participating in their first year. Additionally, a medical history form is required for all sport club members each year.** The primary intent of these requirements is to create a medical history of the sport club member that can be referred to in case of injury/emergency. The secondary function of these requirements is to assist the club members in determining whether their own level of fitness is appropriate for participation in strenuous physical activity.

3) No sport club member will be allowed to participate in a club's activities (practices or games) without first having completed and signed current medical forms.

4) **It is the responsibility of each sport club member to report athletic injuries to the Sport Club Director (a sport club accident report must be turned in to document all injuries).** Also, coaches and club officers should send any sport club member to the athletic trainer if he/she feels medical attention is needed.

5) Sport Club Members should utilize posted walk-in or appointment times when needing athletic training services.

6) Both men and women will be treated equally in all matters of health care, treatment of injuries, and access to the athletic training facility.

****

The undersigned, herewith

1. Has read, understood and promises to abide by the above policies.
2. Understands that by not following these policies he/she may not qualify for the University's "Excess" athletic insurance policy.
3. Acknowledges and understands that participation in all physical activity has inherent dangers and risks that 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 any or all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of the body, general health and well-being.

PRINT NAME:_____

CLUB MEMBER SIGNATURE:_____ DATE:_____