

RETURNING ATHLETE Sport Club Info Packet:

An athlete should fill out all forms listed below if he/she participated in the sport club program during the 2007-2008 school year AND the athletic training office has a copy of his/her physical on file.

Athlete Name: _____

Sport Club: _____

- Athlete Info Form
- Returning Athlete Form
- Proof of Updated Car Insurance (if you have car insurance)

Reminder: All athletes must be registered ARC members.

Incomplete packets will not be accepted

Sport Clubs Athlete Information Form

Date: _____ Please print legibly

	Last	First
Athlete Name:		

Sport Club: _____

	Street	City	State	Zip Code
Local Address:				

E-mail Address: _____

Phone Number:	Birthdate:		RED ID Number:	
	Last	First		

Emergency Contact:		
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Relationship	Phone Number (including area code)

Health Insurance Mark here if you have no insurance

Primary Insurance Company:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">CHECK ONE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">HMO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">PPO</td> </tr> </table>	CHECK ONE		<input type="checkbox"/>	HMO	<input type="checkbox"/>	PPO
CHECK ONE							
<input type="checkbox"/>	HMO						
<input type="checkbox"/>	PPO						
Policy Number:	Name of Policy Holder:						

Car Insurance Mark here if you have no insurance

Owner's Name:			
Insurance Company:			
Policy Number:		Policy Expires:	

Note to Athlete & Parent/Guardian

I understand this insurance information must be COMPLETELY and ACCURATELY provided and on file with the Recreational Sports Office before I/my son/daughter will be allowed to participate in athletics. I further understand that any medical expenses resulting from an ACCIDENTAL INJURY while participating in a scheduled university athletic activity will not be paid under the accident insurance policy carried by SDSU until any existing policy I have covering these expenses is exhausted. If I do not have insurance, payments will be made according to the schedule of benefits of the SDSU intercollegiate athletic accident policy. I understand the limits of insurance coverage under SDSU's insurance policy will be for 52 weeks or \$25,000 per injury, whichever comes first. I further understand that failure to report injuries to Associated Students Recreational Sports personnel or to university athletic medical personnel or to meet scheduled medical appointments may void university responsibility for medical expenses resulting from athletic injuries.

By initialing this box, the athlete or parent (If under 18 years old) is agreeing to the above conditions.

I hereby grant permission to the Team Physician at SDSU and those professional personnel designated by them to treat myself/my child in the event of athletic injury. In the event of serious injury and if unable to contact me, this consent is to include any and all emergency procedures deemed necessary by the attending physician.

By initialing this box, the athlete or parent (If under 18 years old) is agreeing to the above conditions.

Personal Vehicle Release Agreement

I, _____ (student name) from the _____ Club hereby certify that I understand and agree that San Diego State University (SDSU) and Associated Students are not responsible for transporting students to events sponsored by SDSU. I further agree that if I utilize a private vehicle to transport fellow students and/or SDSU staff members to such events, I will have in effect at the time a policy of automobile insurance providing the MINIMUM COVERAGE REQUIRED BY THE STATE OF CALIFORNIA. I further understand that I will observe all laws, rules, regulations, and ordinances relating to the operation of motor vehicles. I also understand that in the event of damage to my personal vehicle or vehicles of other involved parties, my personal insurance coverage applies. I verify that the vehicle in use is adequate for the work to be performed and is equipped with one seat belt per passenger, and is in safe mechanical condition. It is the responsibility of the athlete to **COPY THEIR LICENSE AND PROOF OF INSURANCE AND ATTACH IT TO THIS FORM.**

By initialing this box, the athlete or parent (If under 18 years old) is agreeing to the above conditions.



Medical Questionnaire for Returning Athletes

Name: _____ **Red ID#** _____ **Cell Phone:** _____

Date: _____ **Year at SDSU:** 2nd, 3rd, 4th, 5th **Sport:** _____

Since your last physical or returning medical questionnaire:

1. Have you experienced 1) chest pain/discomfort with exertion 2) fainting/near fainting or 3) excessive, unexpected or unexplained shortness of breath or fatigue associated with exercise?

Yes ____ No ____ If yes, please explain: _____

2. Have you been diagnosed with a heart condition or murmur or increased systemic blood pressure?

Yes ____ No ____ If yes, please explain: _____

3. Have you become aware of any premature deaths (sudden or otherwise), or significant disability from cardiovascular disease in close relative(s) younger than 50 years old or specific knowledge of the occurrence of certain conditions (e.g. hypertrophic cardiomyopathy, dilated cardiomyopathy, long QT syndrome, Marfan Syndrome, or clinically important arrhythmias)?

Yes ____ No ____ If yes, please explain: _____

4. Have you had any surgery, developed a new drug allergy or new illness requiring the care of a physician since your last physical exam or questionnaire?

Yes ____ No ____ If yes, please explain: _____

5. Have you been injured OR has any physician recommended you limit your sports participation since your season ended or during the summer?

Yes ____ No ____ If yes, please explain: _____

6. Please list any medications or nutritional supplements you are currently taking:

7. Do you feel you need to see a physician?

Yes ____ No ____ If yes, please explain: _____

8. Do you currently have any symptoms of injury or illness?

Yes ____ No ____ If yes, please explain: _____

ATHLETE SIGNATURE _____ **Date:** _____

Office Use Only:	_____ Reviewed/no action _____	Action Required _____
		Initials/Date: _____



SDSU Associated Students - Consent Renewal

I, _____, acknowledge that I have read and understand the
Name of Sport Club Athlete

Background and Definitions listed in the document “Sport Club Athlete Authorization/Consent for Disclosure of Health Information Regarding Athletic Related Injuries and Illnesses” (Document A) and that I have been given a copy of, read and understand a separate document “SDSU Associated Students – Notice of Privacy Practices” (Document B). Both documents are available on the Athletic Department website.

I, _____, hereby authorize San Diego State University
Name of Student Athlete

and its *athletic medicine staff* (physicians, athletic trainers and health care personnel) to disclose when requested or necessary my protected health information and any related information regarding my *athletic injuries and illnesses* to the groups/persons listed in **List A: Groups/Persons** in Document A. I understand that the information released may have different purposes and is dependant on to whom the information is released. These purposes may include but are not limited to those listed in **List B: Purposes** in Document A.

I understand that my injury/illness 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 my signing of this authorization/consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in Sport Clubs teams.

This authorization/consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to Associated Students. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

Printed Name of Student Athlete

Signature

Date