



Lane Community College Athletics, 4000 E. 30th Ave., Eugene, OR 97405  
Athletic Office: 541.463-5599 Fax: 541.463-3979

**AUTHORIZATION TO RELEASE INFORMATION**

Students Name: \_\_\_\_\_ L # \_\_\_\_\_

Coach \_\_\_\_\_  
Athletic Director Greg Sheley  
Athletic Secretary Sharon Foster

In order to maintain student-athlete success and as part of eligibility participation requirements, a 3, 6 and 9 week grade check will be carried out each term. Correspondence may be between the instructor and the following: Athletes Coach, Athletic Director or Athletic Secretary (please see above for names).

An end of the year report is submitted to the NWAACC league office in Vancouver, WA reporting athlete income from Athletic Talent Grants, Federal Financial Aid, Work Study, and any Athletic and Institutional campus earnings.

**ACKNOWLEDGEMENT:**

Yes  No By Signing this sheet, I acknowledge and give permission for my Coach, The Athletic Director and Secretary of Lane Community College to keep in correspondence with all my instructors at Lane in regard to my progress in classes and grades for the specific year(s) below.

Yes  No By signing this sheet, I acknowledge and give permission to the Athletic Department of Lane Community College to report to the League Office in Vancouver, WA income I have received from Athletic Talent Grants, Federal Financial Aid, Work Study, and any Athletic or Institutional campus earnings for the specific year (s) below.

Yes  No I authorize the Athletic Department of Lane Community College to use my name, statements and Likeness, without charge, for promotional purposes in college or athletic publications, advertising, Video, web, new media, or other formats. I also authorize Lane Community College to give My contact information to news media for interviews, filming or photographs

If under 18 parents signature: \_\_\_\_\_

2009-10 Sign \_\_\_\_\_  
Date \_\_\_\_\_

2010-11 Sign \_\_\_\_\_  
Date \_\_\_\_\_

2011-12 Sign \_\_\_\_\_  
Date \_\_\_\_\_

2012-13 Sign \_\_\_\_\_  
Date \_\_\_\_\_

LANE COMMUNITY COLLEGE  
Athletic Division

**CHECKLIST OF FORMS NEEDED FOR  
INTERCOLLEGEIATE SPORTS PARTICIPATION**

RISK RELEASE FORM  
CONSENT TO USE OR DISCLOSE CLINICAL INFORMATION

ELIGIBILITY REGULATIONS  
CODE OF CONDUCT  
SUBSTANCE ABUSE  
CONDITIONAL RESPONSIBILITIES

NWAACC STUDENT-ATHLETE INFORMATION FORM  
NWAACC ATHLETIC QUESTIONNAIRE/RECRUITING  
DISCLAIMER (Recruiting disclaimer – must be filled out if graduated from  
outside of recruiting states of Oregon, Washington, Montana, Alaska, California,  
Idaho, Nevada, Hawaii and the Province of British Columbia)

PHYSICAL EXAMINATION FORM  
PRE-PARTICIPATIN PHYSICAL QUESTIONS  
MEASLES IMMUNIZATION VERIFICATION FORM

CAUTION

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTAND the INFORMED ACKNOWLEDMENT OF HAZARDS AND RISKS CONNECTED WITH ATHLETIC PARTICIPATION, the DISCLOSURE OF CLINICAL INFORMATION the ACKNOWLEDGEMENT OF ELIGIBILITY RULES, the CODE OF CONDUCT, the SUBSTANCE ABUSE REGULATIONS and the RESPONSIBILITIES AS AN ATHLETE. I ALSO, CONSENT TO USE OR DISCLOSE CLINICAL INFORMATION. I AGREE TO THE TERMS AND CHOOSE TO PARTICIPATE (OR TO PERMIT MY CHILD OR WARD TO PARTICIPATE) IN THE INTERCOLLEGIATE ATHLETIC PROGRAM AT THIS COMMUNITY COLLEGE.**

Student-Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

First Year of Participation

Student-Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

Second Year of Participation

Parent/Legal Guardian Signature (if under 18) \_\_\_\_\_

Date \_\_\_\_\_

Lane School Official \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT ATHLETE MUST KEEP THIS IN THEIR POSSESSION**

**LANE COMMUNITY COLLEGE  
ATHLETIC DEPARTMENT**

**FIRST YEAR OF PARTICIPATION \_\_\_\_\_**

**SECOND YEAR OF PARTICIPATION \_\_\_\_\_**

**INFORMED ACKNOWLEDGEMENT OF HAZARDS AND RISKS  
CONNECTED WITH ATHLETIC PARTICIPATION**

**PLEASE READ CAREFULLY AND BE SURE YOU UNDERSTAND BEFORE YOU SIGN THE STUDENT  
INFORMATION SHEET.**

**WARNING**

Participation in any athletic activity can involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one's body. There is also the possibility of suffering emotional distress or psychological injury as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, bruises, muscle strains, or bone fractures and dislocations to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Athletics are competitive team and individual sports. Athletics involve **RISKS OF SERIOUS INJURY OR DEATH**. Injuries in sports are common, and occur to all parts of the body, including the head and neck, shoulders, arms chest, hands and fingers, hips and legs, knees, ankles, and feet.

These risks of injury in sport include the possibility of: injury to the neck and spinal column or cord, resulting in complete or partial paralysis; injury to the head, resulting in brain damage; and injury to the body's bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. Injury to the body's nerves, the heart and blood vessels, and other internal reproductive organs is also possible. Such injuries may cause temporary disability or can result in permanent impairment.

Fatalities in athletics typically are caused by direct blows to the chest or from the head and neck injuries cause by being hit with flying objects or by colliding with other players or stationary objects.

Pre-existing medical conditions, including illness, disease, and prior injuries can be aggravated or cause other injuries while engaged in athletics. Use of drugs, alcohol, or medications can contribute to injury or illness while participating in athletic activity. Some injuries may be caused as a result of poor physical conditioning and overexertion. Such overexertion can result in injury to muscles, the heart, and other body parts, resulting in sprains and strains, cardiac or pulmonary arrest, and other medical conditions.

Athletic injuries can also result from the use of correct or incorrect playing techniques used in tryouts, practices, warm-ups, drills, games, plays, or other similar undertakings. Injury to the head or other parts of the body can result from contact with other participants, the playing surface, training equipment, and other solid objects in and around the playing area. Injury can result from the improper fit of equipment, from defective or worn out equipment, and from otherwise and/or failing to use equipment or other protective gear.

Injury can result from athletic training room procedures; from use of athletic training room equipment; from the administration of first aid; or from failing to follow game, training, safety, or other team rules. Injury may result from the use of playing techniques taught or from teaching methods employed by the coaches of this community college. The use of transportation provided or arranged by the college to and from athletic contests and other related activities also involves risk of injury or death.

The purpose of this WARNING is to bring to your attention the existence of potential dangers associated with athletic participation. **There is, always the risk of other types of injuries or the risk of injury or death resulting from other causes not specified here.**

The purpose of this WARNING is to aid you in making an informed decision as to whether you (or your child or ward) should participate in this athletic activity and, as a condition of such participation, sign the foregoing ACKNOWLEDGEMENT OF HAZARDS AND RISKS CONNECTED WITH PARTICIPATION IN ATHLETICS. In addition, its purpose is to make you aware that as a student-athlete (or as a parent or guardian of a student-athlete), it is your responsibility to learn about and/or ask coaches, physicians, or other knowledgeable persons about any concerns that you might have at any time regarding athletic safety and participation in the community college's athletic program.

### **STUDENT-PARENTAL ACKNOWLEDGEMENT OF HAZARDS AND RISKS**

I have read and above WARNING, which is incorporated here by reference, and I understand that athletics are a sport involving the RISK OR INJURY OR DEATH. I also understand that by participating (or by permitting my child or ward to participate) in the athletic program at this community college, I (my child or ward) am subject to the possibility of injury or death as outlines in the WARNING above.

## **Lane Community College Center for Sports Medicine Consent to Use or Disclose Clinical Information**

I authorize the use and/or disclosure of my health information as provided for below:

1. This authorization applies to all health information about me that is now (or, during the period covered by this authorization, may be) in the possession, custody or control of the persons or entities (or classes of persons or entities) identified in Paragraph 2 below. As used in this authorization, "health information" means my entire health or medical record, including but not limited to, all information relating to any injury, sickness, disease, condition, medical history, medical or clinical status, diagnosis, treatment or prognosis, and includes (without limitation) clinical notes, test results, laboratory, reports, x-rays and diagnosis imaging results.
2. I authorize the following persons and entities (or classes of persons and entities to use and/or disclose (to the individuals specified in Paragraph 3 below) any health information about me that is (or, during the period covered by authorization, may be) in their possession, custody or control for the purposes described in Paragraph 3 below: All health care providers (including but not limited to physicians, laboratories, clinics, athletic trainers and athletic personnel) with whom I have consulted.
3. I authorize the persons and entities (or classes of persons and entities) described in Paragraph 2 to disclose any of the health information about me that is (or, during the period covered by this authorization, may be) in their possession, custody or control, for any purpose relating to athletics at Lane Community College to physicians and their designees, Athletic Trainers seen with relationship to any relationship to any illness or injury for the life of this authorization.
4. I acknowledge that there exists the potential that information disclosed pursuant to this authorization might be subject to re-disclosure by the recipient and thus no longer be protected by HIPAA in certain circumstances.
5. I understand that I have the right to revoke this authorization at any time, but that my revocation will not be effective to the extent that any of the persons or entities (or classes of persons or entities) I have authorized to use and/or disclose my health information have acted in reliance upon this authorization. My revocation must be in writing and be sent to the Athletic Trainer at Lane Community College. I further understand that my right to revoke this authorization shall not serve to excuse any failure on my part to comply with policies and procedures related to athletic injuries as a participant on a sports team at Lane Community College.
6. I further understand that by choosing to revoke this authorization, I may be ruled ineligible to continue participation in Lane Community College athletics.
7. This authorization expires one year from the date it is signed, unless previously revoked.

**I HAVE PROVIDED MY INSURANCE INFORMATION PLUS EMERGENCY/PARENT CONTACT INFORMATION TO THE ATHLETIC DEPARTMENT, AND TO THE BEST OF MY KNOWLEDGE IT IS ACCURATE AND COMPLETE. IN THE EVENT OF ANY CHANGES IT IS MY RESPONSIBILITY AS A STUDENT-ATHLETE TO NOTIFY THE ATHLETIC TRAINER AND ATHLETIC ADMINISTRATOR. IT IS ALSO MY RESPONSIBILITY TO ENTER THE NEW INFORMATION THROUGH EXPRESS LANE.**

**INSURED IS RESPONSIBLE FOR \$250 DEDUCTIBLE(S) WITH PRIVATE OR SCHOOL INSURANCE**

# LANE COMMUNITY ATHLETICS

## **Acknowledgement of Eligibility Regulations:**

I am fully aware of the eligibility regulations which govern participation on an intercollegiate athletic team. The specific regulations are:

1. Student regularly enrolled in at least **12 hours** of college work per term and maintain a **2.0 GPA** or better. Nine (**9**) of these hours must be academic units.
2. To participate in any second season of a sport, you must earn a minimum of **36 credits** and maintain a **cumulative 2.0 GPA** during any term of participation.
3. Must be officially registered for classes before competing.
4. Must have a current medical examination and proof of measles immunization on file at LCC. "Current" is defined as any time after July 1 of the year prior to competition.
5. Transcripts of all previous college work must be on file at LCC.
6. **Any information falsely given or concealed pertinent to my eligibility will make me ineligible for further competition and will cause my college to forfeit any contest in which I played or points earned as an individual.**

## **Code of Conduct:**

As a member of Lane community College Athletics I will be a positive representative of the college. I will conduct myself in an appropriate way and be a leader in the community. I understand that when I am participating in Lane community College events I am representing the college. I will abide by all rules, laws and regulations that I am accountable to. When traveling I will treat the opposing team and accommodations with the same respect I would expect from them.

## **Substance Abuse:**

I will refrain from any use of drugs or alcohol during the \_\_\_\_\_ season.  
1<sup>st</sup> Year of Participation

I will refrain from any use of drug or alcohol during the \_\_\_\_\_ season.  
2<sup>nd</sup> Year of Participation

**I understand that any use of drugs or alcohol is justification for expulsion from the team. I understand that the use of chemical substances will alter my performance as an athlete thus affecting myself, my team and the college.**

## **Conditional Responsibilities:**

As a member of Lane Community College Athletics I understand I will be responsible to partake in fundraising events. I will assist by giving my time and resources above and beyond training and games. I understand these activities will be expected of me in and out of the regular season. Without my help I know this program would not be possible.

**NORTHWEST ATHLETIC ASSOCIATION OF COMMUNITY COLLEGE  
ATHLETIC QUESTIONNAIRE/RECRUITING DISCLAIMER**

Institution \_\_\_\_\_ Sport(s) \_\_\_\_\_ 1<sup>st</sup> Participation Year  \_\_\_\_\_

2<sup>nd</sup> Participation Year \_\_\_\_\_

Name \_\_\_\_\_ L# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address 1<sup>st</sup> Year Participation at Lane: \_\_\_\_\_

(City / State / Zip)

Address 2<sup>nd</sup> Year Participation at Lane: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(City / State / Zip)

High School \_\_\_\_\_ / \_\_\_\_\_ Date of Grad. \_\_\_\_\_

(City / State / Zip)

If you did not attend college right after high school, please identify what activities and dates you were involved with during that time period:

Date \_\_\_\_\_ Activity \_\_\_\_\_

Date \_\_\_\_\_ Activity \_\_\_\_\_

Date \_\_\_\_\_ Activity \_\_\_\_\_

Have you attended other collegiate institutions, including community colleges, since high school? YES NO

If "YES", list the college and dates (month/year) of enrollment:

Date \_\_\_\_\_ College \_\_\_\_\_

Date \_\_\_\_\_ College \_\_\_\_\_

If a transfer, state the number of hours transferred. \_\_\_\_\_ QUARTER HRS. \_\_\_\_\_ SEMESTER HRS.

Are official transcripts from all previous colleges attended on file with the Admissions Office? YES NO

**ATHLETIC PARTICIPATION: (INCLUDE COMMUNITY COLLEGE):**

Have you participated in an intercollegiate contest/event since high school? YES NO

Have you participated in an intercollegiate practice since high school? YES NO

**If "YES", complete the following, listing any participation at all colleges you attended, including present college.**

20\_\_\_\_ to 20\_\_\_\_ \_\_\_\_\_

20\_\_\_\_ to 20\_\_\_\_ \_\_\_\_\_

20\_\_\_\_ to 20\_\_\_\_ \_\_\_\_\_

Are you now participating on any other team? YES NO If "YES", name the team \_\_\_\_\_

When was the last time you participated? \_\_\_\_\_ Have you notified the team you are leaving? YES NO

**LETTER OF INTENT:**

Have you ever signed a letter of intent? YES NO If "YES", sport for which letter of intent was signed \_\_\_\_\_

20\_\_\_\_ to 20\_\_\_\_ \_\_\_\_\_ (List name of college)

**AMATEURISM:**

Have you ever participated or tried out for a professional team? YES NO

Have you ever played with, received payment or signed a contract to play with a professional team? YES NO

If "YES", list the sport, organization and date signed \_\_\_\_\_

**SCHOLARSHIPS AND FINANCIAL STATUS:**

Have you been awarded an athletic tuition grant-in-aid at this college during your 2<sup>nd</sup> year of participation? YES NO

Have you received any other (non-athletic) scholarship or aid from this college during 1<sup>st</sup> year of participation? YES NO

Have you received any other (non-athletic) scholarship or aid from this college during 2<sup>nd</sup> year of participation? YES NO

## NWAACC RECRUITING DISCLAIMER

In accordance with Article VI, Section 2 (Athletic Recruiting) of the NWAACC Official Code, the following disclaimer is submitted, specifically, Article VI, Section 2 states: "Athletic recruiting will be confined to only the states of *Oregon, Washington, Montana, Alaska, California, Idaho, Nevada, Hawaii and the province of British Columbia*. Student athletes whose home residence is outside the aforementioned contiguous states must submit an NWAACC athletic questionnaire to the conference office and a written affidavit from the college in attendance indicating:

**1. Reason for attendance**

**2. College Contacts or Correspondence**

*To the best of my knowledge, the information I have listed on this questionnaire is accurate and complete. I understand that falsification of my academic or athletic participation records will result in immediate suspension of athletic eligibility in any sport at any NWAACC member college.*

Date \_\_\_\_\_ (Signed) \_\_\_\_\_

*I give permission to the Athletic Department to use my Social Security number for eligibility purposes, including use on all forms and transcripts as required when sent to other schools and to the NWAACC office.*

Date \_\_\_\_\_ (Signed) \_\_\_\_\_

\_\_\_\_\_  
Athletic Director

\_\_\_\_\_  
Coach

\_\_\_\_\_  
College President or Representative

PLEASE FILL OUT ALL BLUE QUESTIONS  
NWAACC TRACER REPORT  
FOR STUDENTS TRANSFERRING FROM ANOTHER COLLEGE

To: \_\_\_\_\_ From: Greg Sheley \_\_\_\_\_ Date: \_\_\_\_\_  
Interim Director of Athletics  
Lane Community College  
Fax: (541) 463-3979

The information requested below is needed to determine a student's athletic eligibility. The student and we would appreciate a prompt return of this form. If you have any questions, please call: Greg Sheley or Sharon Foster (541) 463-5599

*Thank You for your assistance and cooperation.*

It is my request that the information below be sent to the appropriate college officials.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY STUDENT-ATHLETE:**

\_\_\_\_\_ Male Female \_\_\_\_\_  
Print Full Name of Student Please Circle Social Security Number Date of Birth

From \_\_\_\_\_ To \_\_\_\_\_  
Dates student attended your institution Sports participated in

**TO BE COMPLETED BY STUDENT ATHLETE'S PREVIOUS COLLEGE:**

Did this student attend your college? Yes \_\_\_ No \_\_\_ Date Attended \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Did this student sign a Letter of Intent? Yes \_\_\_ No \_\_\_

Did this student participate \* in Intercollegiate Athletics at your institution? Yes \_\_\_ No \_\_\_

Was this student injured while participating in a scheduled game, meet or match? Yes \_\_\_ No \_\_\_

\*The NWAACC Athletic Code defines participation as: "Participation in any contest, other than an approved scrimmage, regardless of time, shall be counted as one season of competition in that sport and the participant will have used one year of collegiate eligibility."

If yes, what sport(s), number of contests, and years(s)?

1.Sport \_\_\_\_\_ Number of Contests \_\_\_\_\_ Month and Year \_\_\_\_\_

2.Sport \_\_\_\_\_ Number of Contests \_\_\_\_\_ Month and Year \_\_\_\_\_

3.Sport \_\_\_\_\_ Number of Contests \_\_\_\_\_ Month and Year \_\_\_\_\_

What was the student's last date of attendance? \_\_\_\_\_

Do you have knowledge of any attendance by this student at another post-secondary institution? Yes \_\_\_ No \_\_\_ if yes, please indicate the name of the institution and the date(s) of attendance.

Institution \_\_\_\_\_ Date Attended \_\_\_\_\_

Name of person completing this form (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to: Greg Sheley  
Interim Director of Athletics  
Lane Community College**

**Athletic Fax: (541) 463-3979**



# FRESHMAN STUDENT-ATHLETE INFORMATION FORM

To Be Used for Emergency Contact and Insurance Information

Participation Year \_\_\_\_\_ / \_\_\_\_\_

Athletic Eligibility: Freshman    Sophomore    Red Shirt    Gender: Male    Female    SPORT(s) \_\_\_\_\_

Athlete Name \_\_\_\_\_ L # \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
ST \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
ST \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**In case of emergency and parents cannot be contacted whom should we contact?**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*PARENT(S): IS STUDENT-ATHLETE COVERED UNDER YOUR MEDICAL INSURANCE POLICY? YES NO if yes please complete the following**

**\*\*STUDENT-ATHLETE: IF YOU CARRY YOUR OWN MEDICAL INSURANCE COVERAGE PLEASE COMPLETE THE FOLLOWING.**

Primary Medical Insurance Co \_\_\_\_\_

Secondary Medical Insurance Co \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Circle One: HMO    PPO

Policy # \_\_\_\_\_ Circle One: HMO    PPO

Plan \_\_\_\_\_ Group # \_\_\_\_\_

Plan \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder \_\_\_\_\_ SS# \_\_\_\_\_

Policy Holder \_\_\_\_\_ SS# \_\_\_\_\_

**\*\*\*INSURED IS RESPONSIBLE FOR \$250 DEDUCTIBLE(S) WITH PRIVATE OR SCHOOL INSURANCE \*\*\***

**\*\*PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD\*\***

Does insurance require pre-authorization admission for hospital admission? \_\_\_\_\_ If yes, phone number \_\_\_\_\_  
Is student-athlete covered by the present surgical and hospital insurance policy? \_\_\_\_\_ Does insurance require a second medical doctor's opinion? Y/N  
To the best of my knowledge the above information is accurate and complete. In the event of a change it is the responsibility of the student-athlete to notify the Head Athletic Trainer.



# SOPHOMORE ONLY - STUDENT-ATHLETE INFORMATION FORM

To Be Used for Emergency Contact and Insurance Information

Gender: Male Female

Sport(s) \_\_\_\_\_

Participation Year \_\_\_\_\_/\_\_\_\_\_

Athlete Name \_\_\_\_\_

L # \_\_\_\_\_

(City / State / Zip)

DID YOU ATTEND ANOTHER COLLEGE AFTER YOUR FIRST YEAR OF ELIGIBILITY AT LANE CC? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHERE \_\_\_\_\_. HAVE YOU REQUESTED TRANSCRIPTS? YES \_\_\_\_\_ NO \_\_\_\_\_

**Has Emergency Contact changed from the first year of eligibility? Yes \_\_\_\_\_ No \_\_\_\_\_**

**IF YES:** Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**HAS YOUR INSURANCE CHANGED FROM THE FIRST YEAR OF ELIGIBILITY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE COMPLETE BELOW:**

**IS STUDENT COVERED UNDER PARENT MEDICAL INSURANCE POLICY? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IS STUDENT COVERED UNDER OWN MEDICAL INSURANCE POLIVY? YES \_\_\_\_\_ NO \_\_\_\_\_**

Primary Medical Insurance Co \_\_\_\_\_

Secondary Medical Insurance Co \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Circle One: HMO PPO

Policy # \_\_\_\_\_ Circle One: HMO PPO

Plan \_\_\_\_\_ Group # \_\_\_\_\_

Plan \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder \_\_\_\_\_ SS# \_\_\_\_\_

Policy Holder \_\_\_\_\_ SS# \_\_\_\_\_

**\*\*\*INSURED IS RESPONSIBLE FOR \$250 DEDUCTIBLE(S) WITH PRIVATE OR SCHOOL INSURANCE \*\*\***

**\*\*PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD\*\***

Does insurance require pre-authorization admission for hospital admission? \_\_\_\_\_ If yes, phone number \_\_\_\_\_

Is student-athlete covered by the present surgical and hospital insurance policy? \_\_\_\_\_ Does insurance require a second medical doctor's opinion? Y/N

To the best of my knowledge the above information is accurate and complete. In the event of a change it is the responsibility of the student-athlete to notify the Head Athletic Trainer.

**LANE COMMUNITY COLLEGE ATHLETICS  
PRE-PARTICIPATION PHYSICAL EXAMINATION**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ L#: \_\_\_\_\_

**This form is to be complete and signed by the athlete or, if athlete is under 18, by the athlete's parent or legal guardian.**

**Physician: Please review with the athlete details of any positive answers.**

YES	NO	Don't Know	Explain any YES answers on back.
			1. Has anyone in the athlete's family died suddenly before the age of 50 years?
			2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
			3. Does the athlete been diagnosed with asthma, have hay fever, or coughing spells during or after exercise?
			4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
			5. Does the athlete have a history of a concussion (getting knocked out) or seizures?
			6. Has the athlete ever suffered a heat-related illness (heat stroke)?
			7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
			8. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
			9. Is the athlete allergic to any medications or bee stings?
			10. Does the athlete have only one of any paired organs (eyes, ears, kidneys, testicles, ovaries, etc.)?
			11. Has the athlete ever had prior limitation from sports participation?
			12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
			13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
			14. Is there a history of young people in the athlete's family who have had congenital or other heart diseases: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's Syndrome? (You may write, "I don't understand these terms) and initial this item, if appropriate.)
			15. Has the athlete ever been hospitalized overnight or had surgery?
			16. Does the athlete lose weight regularly to meet the requirements for your sport?
			17. Does the athlete have anything he or she wants to discuss with the physician?
			18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
			19. FEMALES ONLY: a. When was your first menstrual period? b. When was your most recent menstrual period? c. What was the longest time between menstrual periods in the last year?
			20. Please list dates of immunization record for <b>MMR (measles, mumps and rubella)</b> Booster # 1 Date: _____ <b>Two Doses after first birthday (more than 30 days apart)</b> Booster # 2 Date: _____ <b>Second Dose on or After December 1989</b> <b>WAIVED BECAUSE STUDENT HAS HAD MEASLES (initial here _____)</b> <b>EXEMPT DUE TO RELIGIOUS OR MEDICAL REASONS (initial here _____)</b>

I have reviewed and answered the questions above to the best of my ability. I authorize and request the college's designated medical personnel to administer basic life support, and/or to obtain emergency medical care in the event of injury or illness at any specific emergency care facility so designated by the college physician or representative while participating in the sports program.

Completion of this medical history and examination form is mandatory for participation in the sports programs of this college. Please make sure that all statements regarding your personal information and medical history are complete and accurate.

Any information withheld or falsified may affect the student status on the athletic team and/or the student's scholarship funding. The college reserves the right, with the students authorization, to request past medical records, charts and diagnoses regarding injuries, medical history or physical condition, and may request additional medical examinations or tests if indicated. **By my signature below, I verify that I have read, understand and agree to the above stated conditions.**

Athlete Signature \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LANE COMMUNITY COLLEGE ATHLETICS  
PRE-PARTICIPATION PHYSICAL EXAMINATION**

Name: \_\_\_\_\_ Sport(s) \_\_\_\_\_ Examination Date: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ inches      WEIGHT: \_\_\_\_\_ #'s      PULSE: \_\_\_\_\_ bpm      BP: \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ )

VISION: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_      CORRECTED: Y   N      PUPILS: Equal: \_\_\_\_\_ Unequal: \_\_\_\_\_ Reactive: \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL	INITIALS **	MUSCULOSKELETAL	NORMAL	ABNORMAL	INITIALS **
Appearance				Neck			
Eyes/Ears/Nose/Throat				Back			
Lymph Nodes				Shoulders/ Arm			
Heart: Pericardial Activity				Elbow/Forearm			
1 <sup>st</sup> and 2 <sup>nd</sup> Sounds				Wrist/Hand			
Murmurs				Hip/Thigh			
Pulses: Brachial/Femoral				Knee			
Lungs				Lower Leg			
Abdomen				Ankle			
Skin				Foot			

**\*\*REQUIRED WITH STATION BASED EXAMINATION ONLY**

**Abnormal Findings:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>UNRESTRICTED PARTICIPATION</b>	<b>RESTRICTED PARTICIPATION</b>	<b>DISQUALIFIED FROM PARTICIPATION</b>

Physician comments and recommendations: \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician (print/type): \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Physician Signature: \_\_\_\_\_

# COMMUNITY COLLEGE MEASLES IMMUNIZATION VERIFICATION FORM

NOTE: This information is required by state law on students in certain programs who were born on or after January 1, 1957.

Student name: \_\_\_\_\_ L# \_\_\_\_\_

Program/Activity: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Two doses after first birthday (more than 30 days apart)

\_\_\_\_\_  
Date of First Dose

\_\_\_\_\_  
Date of Second Dose

**OR**  
Second Dose on or After December 1989

\_\_\_\_\_  
Date of Second Dose

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Guardian Signature  
(for students who have not reached age of majority)

Waived because: \_\_\_\_\_ Student has had Measles

\_\_\_\_\_ Religious or Medical Exemption