



Sport Club: _____ YEAR _____ Last Name: _____ Shirt Size _____



Welcome to Wright State University Sport Clubs

In effort to provide the best and most appropriate medical care to the student-athletes, the Department of Athletics and Campus Recreation requires all club athletes to have all forms completed prior to participation. Our high risk clubs* require a yearly pre-participation physical exam. With the information included in this packet, the Athletic Trainers and Team Physicians will be able to provide better care for each athlete.

All of the following items must be completed and turned in prior to participating in the sport club of your choice. Failure to do so will result in an incomplete sports medicine packet and the student-athlete will **NOT** be permitted to participate in his or her sport.

Each athlete should sign and complete each of the following:

- Form A, B, C, D, E*
Form E may be replaced by a club specific pre-approved code of conduct

If you have any questions or concerns, please contact us.

Please submit the forms or to:

Billy Willis
Assistant Director for Competitive Sports
Wright State University

Nick Stacy
Sport Club President
Wright State University

Danielle Cooper
Sport Club Treasurer
Wright State University

Campus Recreation
Student Union 039B
3640 Colonel Glenn Hwy
Dayton, Ohio 45435

Campus Recreation
Student Union 039A
3640 Colonel Glenn Hwy
Dayton, Ohio 45435

Ph: 937.775.5817

Fax: 937.775.5527

email: Billy.Willis@wright.edu

email: stacy.51@wright.edu

Cooper.204@wright.edu

FOR OFFICE USE ONLY

Received by: _____ DATE: _____

Check off those that have been completed properly:

FORM A _____

FORM D _____

SHIRT _____

FORM B _____

FORM E _____

FORM C _____

INSURANCE CARDS _____

HIGH RISK CLUBS: HEALTH/PHYSICAL FORM (Football, Rugby, Hockey) _____



Responsibilities of the Student-Athlete Participant for Athletic Training

To be eligible, the student participant must fulfill the following requirements:

1. **(High Risk Clubs only)** Complete a pre-participation medical examination administered by a licensed healthcare provider and complete all insurance and medical history information forms prior to participating in any Wright State University athletic activity. *Note: the physical required for students upon entering the University is different than the physical required by sports medicine.*
2. **(High Risk Clubs only)** The student-athlete must fully disclose information concerning illnesses and injuries sustained prior to matriculation at Wright State University on the medical history form. Wright State University is not responsible for injuries/illnesses sustained prior to becoming a student-athlete.
3. The student must report all injuries sustained in the course of university athletic activities at the time of their occurrence to an athletic trainer/coach/Assistant Director for Competitive Sports.
4. The student-athlete must report to the physician, hospital, or student health center if directed by the Sports Medicine Department.
5. Wright State University does not provide insurance for sport clubs, and all athletes must have proof of medical insurance. If an athlete needs insurance coverage they must follow all the procedures required of their primary insurance carrier.
6. The student-athlete must provide complete and accurate medical insurance information, to allow the Athletic Trainer to help establish the best situation for each student-athlete.
7. The Wright State University Sports Medicine Team is responsible for clearing all injured athletes. Wright State University team physicians have the final authority to medically clear a student-athlete for participation.
8. The student-athlete must sign below to signify that he/she has read and understands the terms and conditions under which he/she will be permitted to participate in club sports at Wright State University.

Signature of Student-Athlete: _____

Signature of Parent (if under 18 years old): _____

Date: _____

Wright State University Sport Clubs Disclosure

I, _____, age _____ while participating in club sports representing Wright State University, expressly authorize Wright State University Student Health Service, Wright State Sports Medicine, and/or any other medical institution which might render medical treatment to me during this period, to release the said records to the Wright State University Athletic Department, Athletic Trainer, Head Coach of my sport, Assistant Director for Competitive Sports or its insurance carrier in order that they will be better informed of my medical condition and capabilities while I participate in Sport Clubs for Wright State University. A photo static copy of this authorization shall be considered as effective and valid as the original.

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

Signature of Parent (if under 18): _____ **Date:** _____

CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A **concussion** is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- **Practice and perfect the skills of the sport.**

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

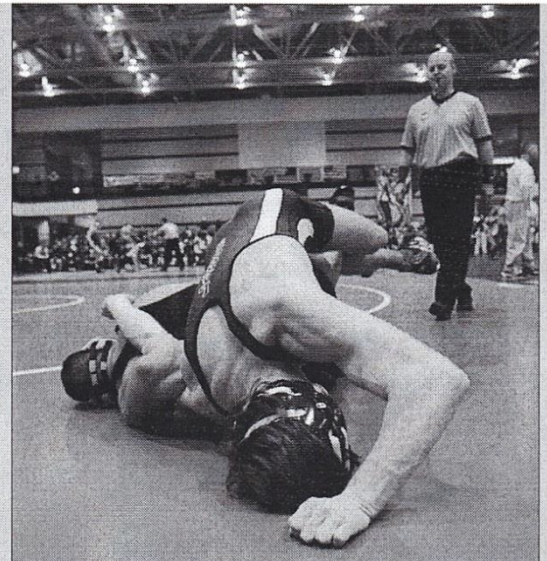
WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



PARENT'S Printed Name and Signature (if under 18): _____

Emergency/Contact Information

Participant Name: _____ Sport: _____

Campus Address: _____

Cell Phone #: _____

Email Address: _____

Date of Birth: _____

Home Address: _____

Home Phone #: _____

Roommates (name and #): _____

Allergies (Food, Drug, etc.): _____

Current Medications: _____

In case of an emergency, I give permission for the Wright State University's Athletic Training Staff, Team Physicians, and head coach/Advisor/President to contact the people listed. All pertinent facts concerning my condition/injury may be communicated to the party(ies) below. More contacts can be added on a separate piece of paper if desired.

Parent/Guardian Information

Name: _____ Relationship: _____

Work #: _____ Cell Phone #: _____

Additional Contact

**2nd contact should be someone that lives near Wright State University (i.e. Roommates, responsible friend)*

Name: _____ Relationship: _____

Work #: _____ Cell Phone #: _____

Signature of Student Athlete: _____ Date: _____

Parent/Guardian (If Under 18): _____ Date: _____

Please make a copy of your insurance Card here (or attach)

FRONT	BACK
--	---

**ASSUMPTION OF RISK,
WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT**
IMPORTANT: THIS IS A LEGAL DOCUMENT PLEASE READ AND UNDERSTAND BEFORE SIGNING



All participants must sign this form in order to participate.

Please read the following and sign below where indicated.

I understand that the (club(s) _____ is sponsored by Wright State University (WSU) and that the activities related to this organization take place on- and/or off-campus

I fully recognize and hereby acknowledge that there are inherent dangers and risks to which I may be exposed by virtue of my participation in this organization, or when traveling to and from one of the designated sites for related activities.

I further acknowledge and agree that I am responsible for the condition of personal gear including but not limited to helmet, shoes and other protective equipment and/or sports specific gear.

I understand that if the University provides this organization with a University vehicle for use in connection with any activity, neither WSU nor any representative thereof shall bear any responsibility in the event that I am denied transportation for failure to report to the vehicle at the appropriate time.

I understand that WSU does not require me to participate in this activity, but I voluntarily choose to do so despite the possible dangers and risks.

I agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity.

In consideration of my participation in this club activity, I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE Wright State University, its officers, agents, and employees from any causes of action, claims, or demands of any nature whatsoever, which I, my heirs, representatives, executors and assigns may now have, or have in the future against Wright State University on account of personal injury, property damage, or accident of any kind, arising out of or in any way related to such activity; and hereby certify that I am in good health and that I have no physical limitations that would preclude my participation in this club activity.

I hereby grant the right to publish, broadcast, webcast, or disseminate in any other form of medium any or all of the following:

Stories and/or information about me that I have provided to them for use in news stories, publications, promotional materials, web features and/or any other university purposes. Photographs, video, audio, and other images or likenesses of me for use in news stories, publications, promotional materials, web features and/or any other university purposes. **All photographs, video, audio, images, likenesses, stories, and other materials will remain the property of WSU.**

I understand that while I engage in this activity, I am representing WSU and must adhere to the student code of conduct and to all the policies of the University's Office of Campus Recreation.

BY SIGNING THIS DOCUMENT, IT IS MY INTENTION TO INDEMNIFY AND HOLD HARMLESS WRIGHT STATE UNIVERSITY, ITS OFFICERS, AGENTS, OR EMPLOYEES FROM ANY LIABILITY FOR ANY PERSONAL INJURY, OR PROPERTY DAMAGE CAUSED BY ANY REASON WHILE PARTICIPATING IN THIS ORGANIZATION AND ITS ACTIVITIES.

I certify that I am at least 18 years old, I have read and understand the foregoing and voluntarily sign this Agreement with full knowledge of its significance and I agree to be bound by all of its terms.

Name (printed) _____ Student UID # _____

Signature _____ Date _____

WSU Email _____ Personal Email _____



Code of Conduct

Please initial after each statement and sign at the bottom of the page stating your agreement with each statement
This form is only necessary if a club doesn't have an approved Code of Conduct form

No WSU Sport Club member shall Haze or be subjected to hazing. In the event that hazing should take place I know that I am responsible for reporting it immediately to the Assistant Director for Competitive Sports and/or the WSU Police Dept. Hazing is defined by:

Any action taken or situation created, intentionally, whether on or off the campus premises, to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Such activities may include but are not limited to the following: use of alcohol; paddling in any form; creation of excessive fatigue; physical and psychological shocks; wearing of public apparel that is conspicuous and not normally in good taste; engaging in public stunts; morally degrading or humiliating games and activities; and any other activities that are not consistent with academic achievement, fraternal law, ritual, or policy, or the regulations and policies of Wright State University, or applicable state and/or federal law(s).

Initial: _____

I understand that it is a requirement of me to be currently enrolled in a minimum of 1 credit hour to participate in a sport club. I authorize the verification of my student status by the Office of Campus Recreation or any league/conference/tournament etc. that may require enrollment verification.

Initial: _____

As a member of a sport club, I am a representative of Wright State University. In doing so, it is essential that all members conduct themselves in a manner that will not place the existence of the club in jeopardy or bring embarrassment to the University. I am to be a positive member of this organization and will represent the team to the best of my ability during and outside of my sports activities. This includes but is not limited to practice, contests, and social media.

Initial: _____

I understand that all Sport Club contests and events are free from Alcohol, Drugs, and tobacco.

Initial: _____

I understand that if I am a witness to any teammate breaking any of the above code of conducts, I may also be found responsible for not reporting any violations.

Initial: _____

I _____, agree to following each of the above statements and will notify the Assistant Director for Competitive Sports if any of these rules set forth by WSU, Campus Recreation, and/or Student Activities are not adhered to.

X _____
Sign Name Date:

X _____
Print Name Sport Club(s) Participating In

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.

[illegible]

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

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 _____	☐ Male ☐ Female	
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____	Corrected ☐ Y ☐ 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