

SOUTHWESTERN UNIVERSITY
INTRAMURAL & RECREATIONAL ACTIVITIES
SPORT CLUB PROGRAM
CJR 512 - 863-1606

Membership Procedure

As stated in the Sport Club Officer's Manual under Membership (Pg. 5), SIRA 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, namely SIRA. To help both the Sport Club officers and SIRA ensure that the Sport Club Program meets this legal standard, SIRA developed the following procedure:

1. Sport Club members may pick up the Sport Club Participation Packet at either the SIRA Office, the SIRA Website (<http://www.southwestern.edu/student-life/sira>), or from their respective Sport Club officer.
2. Sport Club members must complete all sections of the forms. Omitting any section may result in SIRA returning the form via mail or campus mail, delaying the member's opportunity to participate. SIRA highly recommends submitting copies of member's health insurance card, 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, SIRA 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 SIRA and the club's safety officer must also have a copy of his/her health insurance card (this includes travel to the Georgetown Heat and Climber's Guild participation sites). 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 Southwestern, under the supervision of the Intramural and Recreational Activities Department (SIRA), 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 Southwestern University and organized by SIRA at Southwestern University, 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 Southwestern University, its faculty and staff members, and SIRA 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

Social Security #

Birthdate

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Athletic Training Services

- 1) To the best of his/her ability, the athletic trainer will provide each Southwestern 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 recommended 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) Prior to participating in a game or scrimmage against another team/club and/or any sport club activity which takes place off-campus, students must provide proof of health insurance coverage to the Sport Club Director. Southwestern University provides catastrophic athletic insurance to sport club participants which is secondary to any policy(ies) which may already provide coverage to the student. The catastrophic insurance policy may cover accidents that occur during organized games and practice sessions. Specific catastrophic insurance policy information for participants is available upon request to all students and their parents.
- 5) **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.
- 6) Sport Club Members should utilize posted walk-in or appointment times when needing athletic training services.
- 7) 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. 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.
3. Authorizes the SIRA Sport Club Director or other SIRA professional staff member to access my comprehensive physical examination record on file with Southwestern University Health Services.

PRINT NAME: _____

CLUB MEMBER SIGNATURE: _____ DATE: _____

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Emergency Information

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

SCHOOL INSURANCE: (SECONDARY)

PRIVATE INSURANCE: (PRIMARY)

IS THIS PRIMARY INSURANCE A: HMO? OR PPO?

MARKEL INSURANCE COMPANY
P.O. Box 2039
Glen Allen, VA 23058
1 (800) 342-4841
www.collegeinsurance.com

NAME: _____
MAILING ADDRESS: _____
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 Southwestern 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 from
Name of Student

participating in Southwestern 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

RECORD OF SYMPTOMS

(Check those that you have had; star those that you have now)

- | | | |
|---|---|---|
| <input type="checkbox"/> Aching Eyes | <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Sties | <input type="checkbox"/> Sugar in Urine | <input type="checkbox"/> Frequent/Painful Urination |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Gall Bladder Trouble | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Inflamed Eyelids | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Toothaches |
| <input type="checkbox"/> Ringing in Ears | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Swollen or Painful Joints |
| <input type="checkbox"/> Difficulty in Hearing | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Backache |
| <input type="checkbox"/> Ear Fluid Discharge | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Leg Pains - Cramps |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Fluid Retention | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Nasal Discharge | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Sinus Infection | <input type="checkbox"/> Boils | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> Nosebleed | <input type="checkbox"/> Acne | <input type="checkbox"/> Recent Weight Gain/Loss |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Eczema | <input type="checkbox"/> Tumor, Growth, Cyst |
| <input type="checkbox"/> Cough (Prolonged) | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Hoarseness(Laryngitis) | <input type="checkbox"/> Painful Urination | <input type="checkbox"/> Chest Pains |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Swelling of Ankles | <input type="checkbox"/> Palpitation/Pounding Heart |
| <input type="checkbox"/> Blackouts | | <input type="checkbox"/> 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: _____