

Beloit College Athletics Permissions and Releases Form

PERMISSION FOR TREATMENT

Medical Treatment/Medication:

Permission is hereby granted to attending medical personnel to dispense medication and provide needed medical or surgical treatment, diagnostics, and immunizations for: _____

Please Print Name

In the event of serious illness or injury, or the need for major surgery, I understand that an attempt will be made by a physician or the College to contact the parent, guardian or other designated contact. If said physician or College is unable to communicate with them, the necessary treatment for the above student may be given. (A parent/guardian MUST sign if student is under 18 in order for medical treatment to be given. If statement is not signed, the hospital/doctor is required to receive permission for treatment from the parent/guardian before medical treatment can be given.)

Signature of student athlete

Date

Signature of guardian if athlete is under age of 18

Date

PERMISSION FOR RELEASE OF INFORMATION

I, _____ understand that it is sometimes necessary to discuss and/or forward my medical information both past and present with other authorized medical staff in the best interest of my health and for processing purposes. Authorized medical staff would include Certified Athletic trainers, student assistants, school health center Nurse and full time staff, Team physicians and their staff, my insurance agent and my home physician as designated by me. Further, as an athlete I understand that my injury/health status as it pertains to my sport needs to be reported to my coach and/or athletic director.

Therefore, I give my permission to release medical information under these circumstances. This shall be valid as long as I participate in varsity athletics until graduation, transfer or revoked in writing by me.

Signature of student athlete

Date

PERMISSION TO RELEASE INFORMATION FOR GUARDIANS

I, _____ give permission to the certified athletic trainers, team physicians, and my coach to release information regarding my health to my parents should they ask. Please list below any exceptions to this (i.e. estranged parent, stepparent, etc...)

This release is valid until revoked in writing by myself, post-graduation, discontinued participation in varsity athletics, or transferring to a different school.

Signature of student athlete

Date

STATEMENT OF RESPONSIBILITY AND RELEASE FOR BELOIT COLLEGE VARSITY ATHLETICS

In consideration of being permitted to participate in Varsity Sports at Beloit College, I hereby release Beloit College (which includes the Board of Trustees, any employees and agents of Beloit College) from all actions, caused of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Beloit College, its Trustees, employees, or agents for all personal injuries, known or unknown, which I may incur by participating in Varsity Athletics. I further agree to indemnify and hold harmless Beloit College, its Trustees, employees, and agents from any loss, liability, damage, or cost they may incur as a result of my participation in Varsity Sports, whether caused by the negligence of Beloit College or otherwise.

I understand that there is a risk of serious bodily injury (such as broken limbs, head injuries, and even death) in participating in an organized collegiate Varsity Sport.

I likewise understand my responsibility to work with the Certified Athletic Trainer(s), student assistants, team physician(s), coach(es), referees, and student health center personnel to help minimize my risk of injury.

1. When I am injured, I understand that it is my responsibility to report each injury, including signs and symptoms of concussions, no matter how minor, to the Certified Athletic Trainer and Head Coach.
2. It is likewise my responsibility to be present for any appointments with the physicians, physical therapists, Certified Athletic Trainer or School Nurse, as prescribed by the Certified Athletic Trainer and/or College Health Center.
3. Because equipment is worn to prevent injury, I also have a responsibility to take care of all equipment issued to me by Beloit College. I will check this equipment daily to make sure it is in good condition during the course of the season.

If any equipment is in need of repair or replacement, I will immediately notify the Equipment Manager, Certified Athletic Trainer, or Head Coach to have the situation remedied. I will not wear defective or improperly fitted equipment with knowledge of the same.

4. I understand that it is my responsibility to know the rules of my sport, especially those which govern contact with another player and which may cause a risk of injury to me or to another player.
5. I will refrain from acting in any manner and from using equipment that I might wear or use for my sport, which may cause a risk of injury to me or to another player.

I do understand the above responsibilities and consent to adhere to these responsibilities. I have read this release and understand its terms and the risks involved with my participation in varsity sports.

Signature of student athlete

Date

Insurance Responsibility Statement

I understand that the responsibility for knowing insurance restrictions, who and where I can receive medical care from is my responsibility and not that of the Athletic Training Staff. It is up to me to inform the Athletic Training staff and/or Team physicians verbally at the time decisions are being made to seek medical care.

I also understand that I and/or my parent/guardian are financially responsible for all medical costs incurred as a result of injury sustained during varsity athletic participation and there is no other coverage from Beloit College except the catastrophic insurance policy subscribed to through the NCAA for paralyzing or fatal injury.

I have read and understand the enclosed insurance information letter and agree to comply with the provisions of the acknowledgment of insurance requirements. I also understand that this form will be kept on file as long as I participate in intercollegiate athletics at Beloit College and **it is my responsibility to inform the Athletic Training staff of any changes** in insurance in writing and to include a front/back copy of my new insurance card.

Student-Athlete Signature _____

Date _____

Parent/Guardian Signature _____

Date _____