



Sport Clubs Participation Packet 2009-2010

This packet must be filled out by any student participating on any Sport Club team affiliated with the University at Buffalo

I am aware that participating in the sport clubs program is strictly voluntary. I am aware that participating in the sport clubs program involves several inherent risks of physical injury that may include death. I voluntarily assume all such risks. In consideration of the University at Buffalo allowing me to participate in the sport clubs program, I agree to release and hold harmless the University at Buffalo, the University at Buffalo employees, the University at Buffalo Student Association and all of their authorized agents, servants, and employees, from any and all liability, including that which may result from negligence, claims and causes of action of whatever kind and nature, resulting from my participation in any way connected with the sport clubs program.

I specifically understand that the University at Buffalo, Recreation & Intramural Services, nor the University at Buffalo Student Association provides any health insurance coverage for me while participating in the sport clubs program.

I accept full responsibility for paying any medical or associated expenses that I may incur while participating in the sport clubs program and in addition, as required by the State University of New York, I certify that I have, and will maintain throughout my participation, medical insurance.

I acknowledge that I am in good health and able to participate in the sport clubs program.

I hereby consent to first aid, emergency medical care and, if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I may sustain while participating in any activity associated with the sport clubs program. I understand that I will be fully responsible for any expenses associated with care provided, including transportation expenses.

If the participant is not 18 years of age or older, this release must also be signed by the participant's parent or legal guardian.

Name: _____

Age: _____

Person Number: _____

Club: _____

Signature: _____

Date: _____

Parent/Guardian Signature (If participant is under the age of 18):



Personal Information Form 2009-2010

You must include a copy of your medical insurance card with this form. Failure to do so will result in the inability to participate in any sport club activity.

Name: _____ Club: _____

Local Address: _____ Local Phone Number: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____ Home Phone Number: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Medical Insurance Information

Name of Insurance Provider: _____ Policy Number: _____

Informed Consent Statement

I understand that the University at Buffalo, Recreation & Intramural Services, nor the University at Buffalo Student Association provides any type of medical insurance or coverage.

If I am unable to consent to medical treatment, I understand that any cost associated with medical treatment (including transportation) provided becomes my responsibility.

I give permission for the officers of the club I participate in to view all information provided in this packet for the purpose of conducting official club business.

I give permission for Recreation & Intramural Services as well as the University at Buffalo Student Association to take photographs, which I may appear in, during official club business. Said photographs may be used in Recreational Services promotional materials, including the Student Association Sport Club website.

Signature: _____ Date: _____

Parent/Guardian Signature (if participant is under the age of 18):



Medical History Questionnaire 2009-2010

Answer the following questions below truthfully and to the best of your ability.

Name: _____ Date: _____

Club: _____

PLEASE NOTE:

ANY APPLICANT WHO ANSWERS YES TO ANY OF THE FIRST SIX QUESTIONS WILL BE REQUIRED TO PROVIDE A LETTER FROM THEIR PHYSICIAN INDICATING CLEARANCE TO PARTICIPATE IN PHYSICAL ACTIVITY. THE APPLICANT WILL NOT BE APPROVED TO PARTICIPATE UNTIL SUCH LETTER IS RECEIVED.

Y	N	Have you previously experienced dizziness or headaches during physical activity? If yes, describe: _____
Y	N	Have you ever been diagnosed as having a hernia?
Y	N	Have you ever been unconscious or experienced a concussion? If yes, describe: _____
Y	N	Have you ever had a neck injury requiring medical attention? If yes, describe: _____
Y	N	Have you had any operations in the past four years? If yes, describe: _____
Y	N	Are you currently under the care of a physician for an on-going condition? If yes, describe: _____
Y	N	Do you have any allergies to substances or medications? If yes, describe: _____
Y	N	Have you been treated for diabetes?
Y	N	Do you wear contact lenses?
Y	N	Do you wear any dental appliances? If yes, describe: _____
Y	N	Have you ever had a wrist or hand fracture or severe injury?
Y	N	Have you ever experienced a severe sprain, dislocation, or fracture of either elbow?
Y	N	Have you ever experienced a dislocation or separation of either shoulder?
Y	N	Have you ever had knee arthroscopy or surgery? If yes, describe: _____
Y	N	Do you wear a knee brace?
Y	N	Have you experienced a severe sprain, strain, or surgery to either foot or ankle?
Y	N	Have you had an injury to your upper or lower back?
Y	N	Do you experience pain in your back? If yes, describe: _____
Y	N	Are you currently on prescribed medication? If yes, what medications? _____ List medications: _____

By signing below, I indicate that I have read and answered all questions truthfully and to the best of my knowledge.

Signature: _____

Date: _____