

SECTION 7 – ACKNOWLEDGEMENT STATEMENT

STUDENT-ATHLETE ACKNOWLEDGEMENT STATEMENT

By signing below I acknowledge that I have received a copy of the Navajo Technical University student-Athlete Handbook and reviewed the information contained within the Navajo Technical University Student-Athlete Handbook. I understand the contents of the Student-Athlete Handbook and realize that I am subject to disciplinary measures should I violate them. I agree to participate and conduct myself in accordance with the rules of the Navajo Technical University Athletic Department and any other specific rules of Navajo Technical University or the coaches.

I acknowledge that while a student-athlete at Navajo Technical University my photo may be taken. I understand that the Navajo Technical University Athletic Department reserves the right to co-ownership of those photos with the photographer and to use the photos for departmental, promotional and resale purposes. By signing below I consent my photos to be used for departmental, promotional and resale purposes.

I understand that failure to sign and return this form to my Head Coach will result in my being declared temporarily ineligible for practice or competition.

Print Name:

Your Sport:

Signature:

Date:

Acknowledgement:

Athletic Director/Coach

Sports Physical Form

Name: _____ Gender: M F Date of Birth: ___/___/___ Father's Name: _____
 _____ Daytime phone, pager, cell phone: _____ Mother's Name: _____
 _____ Daytime, phone, pager, cell phone: _____ Street address: _____
 _____ City: _____
 _____ State: _____ Zip Code: _____ Home phone: _____ Alternate
 Emergency Contact Person: _____ Daytime phone: _____ Please indicate
 MEDICAL ALERTS such as allergic reactions, contact lenses, etc.:

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

- | | |
|--|-------------------|
| 1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50? | YES NO Don't Know |
| 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? | YES NO Don't Know |
| 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? | YES NO Don't Know |
| 4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? | YES NO Don't Know |
| 5. Does the athlete have a history of concussion (getting knocked out)? | YES NO Don't Know |
| 6. Has the athlete ever suffered a heat-related illness (heat stroke)? | YES NO Don't Know |
| 7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem? | YES NO Don't Know |
| 8. Does the athlete take any medication(s)? | YES NO Don't Know |
| 9. Is the athlete allergic to any medications or bee stings? | YES NO Don't Know |
| 10. Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries) | YES NO Don't Know |
| 11. Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition? | YES NO Don't Know |
| 12. Has the athlete had surgery or been hospitalized in the past year? | YES NO Don't Know |
| 13. Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? | YES NO Don't Know |
| 14. Are you, the athlete, worried about any problem or condition at this time? | YES NO Don't Know |

Please give details on any "YES" answer from the above health history.

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Vision: R _____ / _____ uncorrected R _____ / _____ corrected L _____ / _____ uncorrected L _____ / _____ corrected

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Muskuloskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/ hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			

Please Print/ Stamp

Physician's Name _____ Street
 Address _____ City, State,
 Zip Code _____ Telephone

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature _____ Date _____

PARTICIPATION RESTRICTIONS: _____

EMERGENCY CONTACT AND PROOF OF INSURANCE

By filling out and signing this form, the parent(s)/guardian(s) are stating that the student athlete is covered by insurance. **REMINDER:** All student athletes must be covered by insurance before they can plan or practice in a university sponsored sport.

Student Name: _____ Date of Birth: _____

Male: ____ Female: ____ Social Security # ____-____-____ Phone: _____

Home Address: _____ City: _____ Zip: _____

Father/Guardian's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Primary Health Insurance Company: _____

Name of Policy Holder: _____

Employer's Name: _____ Group ID# _____

Policy ID#: _____ Coverage under ____ Self ____ Parent/Guardian

If the student is insured under more than one policy, provide the additional information on the bottom or back of this form.

Date: _____ Student-Athlete Signature: _____

Date: _____ Parent Signature: _____

Emergency Contact Information

Contact #1: Name _____ Relation _____

Address _____ Home Phone _____

Work Phone _____ Cellular Phone _____

Contact #2: Name _____ Relation _____

Address _____ Home Phone _____

Work Phone _____ Cellular Phone _____

NAVAJO TECHNICAL UNIVERSITY

STUDENT-ATHLETE TRAVEL RELEASE FORM	
<p>All individuals are expected to travel to and from competition with their team, unless they have completed this form and provided it to their coach prior to the event. Student-athletes traveling to and from University funded and/or sponsored events must travel with their team or be accompanied by a coach or staff member. The only exception to this policy is if the student-athlete is traveling with a parent or legal guardian. Any alternate travel must be approved using this form. Student-athletes in violation of this policy will be subject to disciplinary action.</p>	
PERSONAL INFORMATION	
Student Name:	Student ID Number:
Home Phone:	Cell Phone:
Sport(s) You Play:	Coaches Name:
RELEASE REQUEST	
Date of Event:	Means of Travel:
Name of Parent/Legal Guardian:	
Signature (s)	
Student:	Date:
Coach/Staff:	Date: