

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

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.

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:



Have you ever taken any prior college courses? **YES** **NO** (Must include official transcripts from all institutions attended, including dual/concurrent enrollment while in high school. NO ELECTRONIC TRANSCRIPTS WILL BE ACCEPTED).

If yes, please list each college institution you have attended: _____ Do you hold a PRCA card or permit? **YES** **NO**

Did you attend college this previous term? **YES** **NO** Have you ever held a NIRA card before? **YES** **NO** Were you a 2024 – 2025 NIRA Member? **YES** **NO** Circuit _____

By my signature below I acknowledge that the information provided by me is true and correct, and that I have read, understand, and agree to the above waiver and release of liability and indemnification agreement.

on this _____ day of _____, 20 _____

V - Vold Card TT - Tumor Taken

[illegible]

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OFFICIAL HIGH SCHOOL AFFIDAVIT

FIRST YEAR NIRA MEMBERSHIP APPLICANTS ONLY

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★ *All new NIRA members must complete this high school affidavit, or send an official high school transcript with the graduation date indicated on the official transcript.* ★

1. Each NIRA member will have six (6) consecutive NIRA years of eligibility to compete from the date of his/her graduation from high school. If the prospective member received a general education degree, eligibility will be determined from his/her 18th birthday.

Participant date of birth: _____

2. This affidavit must be verified and signed by your current college registrar or your high school principal.

I verify that: _____, Student, who is now attending: _____

College/University, **DID** graduate from: _____, High School, on this date _____.

I verify that: _____, Student, who is now attending: _____

College/University, **DID NOT** graduate from high school, but received a General Education degree on this date: _____.

Printed Official Name: _____

Signature: _____

Title: _____ Date: _____

MAIL WITH APPLICATION TO: NIRA – 2033 Walla Walla Avenue • Walla Walla, WA 99362