



Marquette University Club Sports Department of Recreational Sports Information

PLEASE PRINT

Name: _____

Club Sport(s) you plan to participate in:

Date of Birth: _____

Academic Standing:

Freshman _____ Sophomore _____
Junior _____ Senior _____

Campus Address: _____

Campus Phone: _____

Emergency Contact Information:

Primary:

Parent/Guardian Name: _____

Nature of Relationship: _____

Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Secondary:

Parent/Guardian Name: _____

Nature of Relationship: _____

Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____



Insurance Information:

NOTE: TO PARTICIPATE IN CLUB SPORT ACTIVITIES, ALL STUDENTS MUST HAVE HEALTH INSURANCE COVERAGE

Insurance Company

Name: _____

Policy #: _____ Group #: _____

Insurance Address: _____ Insurance Phone #: _____

_____ Date Effective: _____

Does this company require authorization prior treatment? Y N

Do you have prescription insurance coverage? Y N

Student-Athlete Name: _____

Date of Birth: _____

Policy Holder Information

Name: _____ Date of Birth: _____

SSN: _____ Relationship to Student-Athlete: _____

Employer: _____



HIPAA Policy

It is the policy of Marquette University Sports Medicine to implement the following policies and procedure to ensure patient policy rights in accordance with the HIPPA Privacy Rules:

Marquette University Sports Medicine will maintain the privacy of your health records as required by law.

Access, inspection, and copying of health information

- With a few exceptions, patients have the right to inspect and obtain a copy of their health information. However, this right does not apply to psychotherapy notes or judicial proceedings.

Requesting restrictions on certain uses and disclosures

- The patient has the right to object to, and ask for restrictions on how his or her health information is used or to whom the information is disclosed.
- Marquette University Sports Medicine will not make any other uses or disclosures of your health information unless you sign a written Authorization to Disclose Medical Information form unless authorized by law.

- I hereby acknowledge the receipt of Marquette University's Sports Medicine Notice of Health Information Privacy Practices:

Athlete's Signature: _____ Date: ____/____/____

Parent/Guardian's Signature (If athlete has not reached 18 years old): _____ Date: ____/____/____



Marquette University Club Sports Department of Recreational Sports LIABILITY RELEASE AND WAIVER



Name of Club Sport: _____ (“Activity”)

This is a legally-binding Release made by _____ (“Participant”) to **Marquette University** (“Marquette”) **and by** Participant’s parent/legal guardian (“Parent”) if Participant is under 18 years of age. The term “Undersigned” refers to Participant (and to his/her Parent, if Participant is a minor).

The Undersigned fully recognizes that there are dangers and risks to which Participant may be exposed to by participating in the above-referenced Activity (including games, tournaments and practice sessions). The undersigned recognizes that such activity is amateur, voluntary, informal and not part of the organized athletic programs of Marquette or other participating universities. The Undersigned has signed this “Release and Waiver” in full recognition and appreciation of the dangers, hazards, and risks of said Activity, which dangers include, but are not limited to, physical injuries (minimal, serious catastrophic) and/or property loss or damage. The Undersigned understands that Marquette does not require Participant to participate in this activity, but Participant desires to do so, despite the possible dangers and risks and despite this Release. If Participant is under 18 years of age, Participant’s Parent hereby grants permission for Participant to participate in said Activity. The Undersigned submits that Participant is physically able to participate in this program.

If Participant is under 18 years of age and medical emergency arises in which Parent cannot be immediately contacted, the Undersigned grants permission to Marquette to administer first aid to and/or to obtain emergency medical treatment for Participant. If Participant is 18 years or older, Participant grants Marquette permission to administer first aid to and/or to obtain emergency medical treatment for Participant in the event of a medical emergency. Further, the Undersigned submits that Participant is adequately covered by health and hospitalization insurance which does not exclude sports accident injuries. The Undersigned agrees to pay for all medical treatment.

The Undersigned agrees to freely and expressly assume all of the risks and responsibilities in any way associated with Activity. In consideration or, and in return for, services, facilities, and other assistance provided to Participant by Marquette in this Activity, the Undersigned agrees to release, defend, indemnify and hold harmless Marquette (and its governing board, employees, coaches, trainers, physicians, officials and agents) from any and all liability, claims, actions, judgments, costs, damages, reasonable attorney’s fees and any other expenses that may arise from injury or harm to Participant, up to and including death, or from damage to or loss of property in connection with Activity.

The Undersigned understands that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of Marquette (or its governing board, employees, coaches, trainers, physicians, officials or agents), including but not limited to negligence, mistake, or failure to supervise by Marquette. The Undersigned recognizes that this Release means that Participant and his/her Parent(s) are giving up, among other things, rights to sue Marquette, its governing board, employees and agents for injuries, damages, or losses incurred. The Undersigned also understands that this Release binds Participant and his/her heirs, executors, administrators, and assigns. The Undersigned has read this entire Release, fully understands it and agrees to be legally bound by it.

Participant’s Signature

Date

Parent/Guardian Signature (If Participant is under 18 years of age) Date



Concussion Fact Sheet- Student-Athlete

Head injuries (concussions and traumatic brain injuries) account for a significant percentage of injuries sustained during participation in collegiate athletics. Certain sports have been identified by the NCAA injury surveillance studies as having a relatively higher risk of head injury occurrence than other sports. Marquette University sponsors some of these higher risk sports at the club level (football, lacrosse, soccer, ultimate Frisbee, ice hockey, rugby, tae kwon do, basketball, and water skiing). It is important to understand that traumatic head injury can occur in any sport, during all types of activity (games, practices, conditioning, etc.), and with relatively minor trauma. Head injuries are often difficult to detect. The assessment, management, and return-to-play decision associated with these injuries are among the most difficult responsibilities facing Marquette University's sports medicine staff. An additional challenge is that student-athletes suffering from an acute head injury often underreport their injury, minimize the injury symptoms, or do not recognize that an injury has even occurred. Please immediately remove any student-athlete from activity if they report, or you suspect, symptoms of a concussion. **Club sport student-athletes will be required to have clearance documentation from a physician before they will be allowed to return to full activity.** The sports medicine physicians at MU Student Health Service have provided a recommended protocol for progression of activity to full return. This protocol is based off of current standard of care guidelines, and is the same as the one used for MU varsity athletics. If you have questions or concerns, please feel free to contact Hannah Moody, Club Sports Athletic Trainer or Club Sports Team Physician Dr. A.J. Grove.

Signs & Symptoms of Concussion

- Amnesia (can't recall events before or after hit)
- Confusion
- Headache
- Balance problems or dizziness
- Vision problems (double/blurry)
- Sensitivity to light or noise
- Nausea
- Do not "feel right"
- Feel sluggish, hazy, or foggy

What Should I do if I think I have a concussion?

REPORT IT! Do not ignore a blow to the head, face or neck. If you have any of the above symptoms tell your athletic trainer, president and coach immediately. Do not wait a few minutes for the symptoms to go away. Tell your athletic trainer or coach if you think a teammate may be suffering from a concussion, as well. Your athletic trainer and team physician will be able to evaluate you, and will determine your return to play. A concussion can affect your class performance, your ability to do every day activities, your reaction time, your sleep, your mood and your balance.

What do I do if I am diagnosed with a concussion?

Allow yourself time to heal. Your brain, like any other injury, needs time to heal. While your brain is still healing, you are much more likely to sustain another concussion. In rare cases, repeat concussions can cause permanent brain damage or even death. Your Athletic Trainer and Team Physician will tell you what to do and will determine when you are cleared to play per the **Marquette Concussion Management Protocol**.



Marquette University Club Sports Student-Athlete Concussion Statement

- I understand that it is my responsibility to report all injuries and illnesses to my Athletic Trainer, coach, club president, or club sports director.
- I have read and understand the Marquette University Concussion Fact Sheet.
- I understand that if I sustain a concussion, I cannot return to sport activity until I have obtained a written clearance from a qualified medical provider (physician, physician assistant, athletic trainer or nurse practitioner).

After reading the Marquette University Concussion fact sheet, I am aware of the following information: (Please initial each statement below)

_____ A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, club president, or club sports director.

_____ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

_____ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, club president, or club sports director.

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

_____ Following a concussion, the brain needs time to heal. You are much more likely have a repeat concussion if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete

Date

Printed name of Student-Athlete