



ATHLETIC TRAINING

Dix Stadium (330) 672-2786
Fax (330) 672-5520

Annex ATEC (330) 672-2766
Fax (330) 672-9328

Trent Stratton, MA, LAT, ATC
Michelle Rura, MS, LAT, ATC
Alan Wallace, MS, LAT, ATC

Senior Assoc AD (330) 672-8426
Assoc AD for Sports Med (330) 672-8439
Head Athletic Trainer (330) 672-2710

If you are trying out for a team at Kent State University, the following must be submitted to the Athletic Training department prior to the try out:

- Provide proof of a physical within the last 6 months (form attached)
- Provide proof of sickle cell trait blood test results
- Sign Assumption of Risk document (form attached)

KENT STATE UNIVERSITY
INTERCOLLEGIATE ATHLETICS
General Medical Entrance Examination

NAME: _____ BIRTHDATE: _____ DATE: _____

SPORT: _____

HOME PHONE: (_____) _____

HOME ADDRESS: _____
Street City State Zip

Student-Athlete: Please read and sign the last section on the second page!

DATE OF LAST IMMUNIZATION: (Please attach copy of Immunization Record. Also required by UHC)

TDap: _____

MMR: _____

Physician/Clinician to Complete:

Vitals:

HEIGHT: _____

WEIGHT: _____

B/P: _____ PULSE: _____

VISUAL ACUITY- Right _____ Left _____

RESPIRATION: _____

EYES: _____

EARS: _____

NOSE: _____

THROAT: _____

HEART: _____

LUNGS: _____

ABDOMEN: _____

SKIN: _____

LYMPH: _____

GENITALIA/HERNIA: _____

MUSCULOSKELETAL:

NECK:.....

SHOULDER:.....

UPPER EXTREMITIES:

TRUNK/BACK:

THIGH:

KNEE:.....

ANKLE:.....

FOOT:.....

NEUROLOGICAL: _____

LABORATORY :.....(Only if Indicated by previous injury/illness or family history)

Urinalysis: Protein _____ Glucose _____

Hematology: Hct _____

Sickle Cell Anemia: Results: _____ Date: _____

Test Required by NCAA

COMMENTS AND RECOMMENDATIONS:

PARTICIPATION RECOMMENDATIONS: (Please Circle One Below AND List Any Comments/Restriction):

FULL PARTICIPATION

LIMITED/RESTRICTED PARTICIPATION

NO PARTICIPATION

COMMENTS AND RECOMMENDATIONS:

PHYSICIAN'S SIGNATURE: _____ Date: _____ Phone: _____

Physician's Printed Name: _____

Physician's Address:
Street City State Zip

Student-Athlete: Please complete the following

I, _____, the undersigned, herewith:

- A. Understand that I must refrain from practice or play while ill or injured, whether or not receiving medical treatment and during medical treatment until I am discharged from treatment or I am given permission by the clinical practitioner to restart participation despite continuing treatment.
- B. Understand that having passed the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me at the time of said physical examination.

Date: _____ Athlete's Signature: _____

KENT STATE UNIVERSITY
GENERAL ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE, AND COVENANT NOT TO SUE, FOR
PROSPECTS, ALUMNI, AND OTHER COMMUNITY MEMBERS PARTICIPATING IN UNIVERSITY ATHLETICS

By signing this document, you will waive certain legal rights. Please read carefully!

1. I, _____, understand and agree that my participation in Kent State University (University) Department of Intercollegiate Athletics PROSPECTIVE STUDENT-ATHLETE PROGRAM (PAS Program) is voluntary. I further understand and acknowledge that my participation in this PAS Program will require my voluntary participation in physical demonstrations and activities including, but not limited to: stretching, running, jumping, walking, throwing, catching, shooting and will involve certain inherent known and unknown risks associated with my participation in said athletic activities held at the University on _____. I further understand that such risks may include but are not limited to: bodily injury, death, and/or other possible dangers associated with my participation in such activities. I further understand that there are Risks in such activities and in the training and preparation for such activities. I understand, acknowledge and agree that it is my sole responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, preparations, and training, and for which I am willing to assume all Risks.
2. To the best of my knowledge, I am not aware of any physical condition or disability or health-related reasons or problems which would prevent my participation in the University PAS Program athletic activities. All prospects must submit a copy of a medical examination/physical performed by a physician within the last six (6) months (or less) which includes sickle cell testing or a waiver of the sickle cell test to the Sports Medicine staff prior to engaging in athletic activity in Kent State University facilities.
3. I am fully aware of the Risks inherent in the University PAS Program athletic activities, and I hereby elect (or allow my minor person) to participate in the University PAS Program athletic activities. I understand that if I (or my minor child) have (has) questions about possible Risks, it is my (an) responsibility to seek additional information from the person named below prior to signing this document or from the relevant coach or leader prior to participating in any activities.
4. By my participation in the University PAS Program athletic activities, I voluntarily **ASSUME FULL RESPONSIBILITY FOR ANY RISKS AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY.** Additionally, you (or the parent if a minor child) authorize Kent State University staff to call for emergency assistance if it should be necessary.
5. In addition, in consideration for Kent State University athletic activities, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** the University, its trustees, officers, agents, and/or employees (including, but not limited to, student drivers) from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I (or my minor child) might have or in the future acquire, arising out of or related to any, injury, including death, that may be sustained by me (or my minor child), while participating in any University PAS Program athletic activity, or any related activity, including, but not limited to games, competitions, scrimmages, practices, training, or equipment of the University including, but not limited to, any claim that the act of omission complained of was caused in whole or in part by the negligence in any form of the University or any of its trustees, officers, agents, or employees. In other words, I agree that I (and my minor child) cannot sue or recover anything from the University or any of its trustees, officers, agents or employees if I (or my minor child) am (is) injured in any way, or if anything happens to me (or my person) while participating in any University athletic activity.
6. It is my express intent that this General Assumption of Risk, Waiver of Liability, Release, and Covenant not to sue, for Prospects, Alumni, and Other Community Members Participating in University athletics, shall bind me, if I am alive, and my heirs, and personal representatives, if I am deceased, and shall be deemed as an assumption of Risks.
7. I hereby further agree that this Release shall be construed in accordance with the laws of State of Ohio, and that if any portion is deemed to be invalid, the remainder of the Agreement will be still binding and enforceable.
8. I hereby further agree that this Release shall be binding from this date forward for all University athletic activities.
9. In signing this Release, which consists of two (2) pages, I acknowledge and represent that I have read the document in full, that I understand it and sign it voluntarily, and that no oral representations, statements, or inducements, apart from the foregoing written document have been made to me on the subject matter of this document, that I am fully competent, and that I execute this Release for full, adequate, and complete consideration fully intending for me (and my minor child) to be bound by the same.

I further understand that I am waiving and releasing any and all legal rights that I may have against the University and/or any of its trustees, officers, agents and/or employees for any and all known and unknown risks associated with, and/or involving negligence with respect to my care, participation, preparation and travel to and from athletic activities in this program. I understand and agree that I have the right to consult legal counsel prior to engaging in this PAS Program to further understand the possible ramifications of signing this Waiver and Release of Liability form.

10. I further certify that:

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I am at least eighteen (18) years of age and fully competent; or that I am

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Under eighteen (18) years of age, and my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of the agreement.

Name: _____ **Signature:** _____ **Date:** _____

Parent/Guardian Signature (if participant is under 18): _____ **Date:** _____

Emergency Contact Information (Person, cell phone): _____