Sports Medicine: Men's basketball Tryout
Tryout date 9/16/16
Due date for medical paperwork 9/1/16

Please make sure that all the following paperwork is completed in its **entirety**. **NO** person may participate in tryouts unless all paperwork has been completed.

1. **Physical**
   - Must be completed within the last calendar year and signed by a physician

2. **Insurance:**
   - Complete attached form
   - Provide a copy of the front and back of current primary medical insurance card

3. **Assumption of Risk**
   - Complete attached form

4. **Waiver of Liability**
   - Complete attached form

5. **Health History Questionnaire**
   - Complete attached form

6. **Sickle Cell Trait**
   - Complete attached waiver form **OR**
   - Provide results from a medical facility

All paperwork must be received by Mike Young via mail, email or fax no later than **September 1, 2016.** Please use the following information to turn in all paperwork or if you have any questions.

Mike Young, M.Ed., ATC/L
Director of Sports Medicine
590 Cobb Avenue MB 0201 | Kennesaw, GA 30144
Work: 470-578-7716 | Fax: 470-578-9029 | jyoun110@kennesaw.edu

KSU Athletic Physical Form

New Student Athlete: ☐

Athlete Name:		**Date:**
KSU ID:	**DOB:**	**Gender:** ☐ Male ☐ Female

PARTICIPATES IN THE FOLLOWING SPORT(S):

☐ Basketball	☐ Cross Country	☐ Soccer	☐ Softball	☐ Tennis
☐ Baseball	☐ Volleyball	☐ Golf	☐ Cheer	☐ Track/Field
☐ Dance	☐ Lacrosse	☐ Football	☐	☐

VITALS

Height:	**Weight:**	**BP:**	**HR:**
Eyes: L:_____ R:_____ OU:_____	**Hgb** *(females only)*:	**LMP(***females only)***:**	

Examination Findings:

HEENT		☐ WNL	☐ Abnormal:
UPPER EXTREMITIES	**Shoulders:**	☐ WNL	☐ Abnormal:
	Elbows:	☐ WNL	☐ Abnormal:
	Hand/Wrist:	☐ WNL	☐ Abnormal:
SPINE	**Neck:**	☐ WNL	☐ Abnormal:
	Thoracic:	☐ WNL	☐ Abnormal:
	Lumbar/Sacral:	☐ WNL	☐ Abnormal:
LOWER EXTREMITIES	**Hip:**	☐ WNL	☐ Abnormal:
	Knee:	☐ WNL	☐ Abnormal:
	Ankle/ Foot:	☐ WNL	☐ Abnormal:
HEART			
LUNGS			
SKIN			
ABDOMEN	**Spleen:**	☐ WNL	☐ Abnormal:
	Liver:	☐ WNL	☐ Abnormal:
GENITOURINARY (Males)	**Hernia:**	☐ WNL	☐ Abnormal:
	Testicles:	☐ WNL	☐ Abnormal:

CLEARANCE

Cleared For:	
Not Cleared	Pending:

Provider Signature

Date of Physical

2015-16 STUDENT-ATHLETE/PARENT INSURANCE FORM

Please submit a copy of front and back of insurance card(s).

Name of Athlete: _____ Sport: _____
Social Security #: _____ Date of Birth: _____
Email: _____ KSU ID #: _____
Local Address: _____
City: _____ State: ___ Zip Code: _____ Cell #: _____

Primary Insurance Holder's Name(Parent): _____ Birth date: _____
Employer Name/Address: _____
Cell Phone: _____ Work Phone: _____
Insurance Company: _____
Claims Address: _____
Phone No: _____ Policy No. _____ Group No. _____
Is this plan an: HMO _____ If HMO: PCP Name: _____ Phone #: _____
EPO _____ PPO _____ Other _____
Is the athlete covered by this plan? YES _____ NO _____
Is this plan: Primary _____ Secondary _____

Athlete's Personal Insurance Information (If not covered by Parent/Guardian Insurance)
Insurance Company: _____
Claims Address: _____
Phone No: _____ Policy No. _____ Group No. _____
Is this plan an: HMO _____ EPO _____ PPO _____ Other _____

I hereby authorize **Kennesaw State University** and **Garner & Glover Company of Rome, GA** to inspect or secure copies of case history records, laboratory reports, diagnosis, x-ray, and other data covering this and/or previous confinements and/or disabilities. A photo static copy of this authorization shall be deemed as effective and valid as the original. Drafts for benefits will automatically be sent to the hospital, doctor, or other supplier of medical services. We authorize that the university or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by the university. I further certify that I have read and understood the attached insurance information letter.

Parent's/ Guardian's Signature: _____
Athlete's Signature: _____

UNTIL THIS FORM IS **COMPLETED** AND **RETURNED** TO THE INSURANCE COORDINATOR, THE ATHLETE **WILL NOT** PARTICIPATE IN PRACTICE.

NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC OR RECREATIONAL ACTIVITIES ASSUMPTION OF RISK AND INSURANCE CERTIFICATION

Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion and death.

Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training.

The undersigned hereby acknowledges that the University does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any athletic or recreational activity. All participants in voluntary recreational activities and athletic programs will be required to sign the attached Release, Waiver of Liability, and Covenant Not to Sue form.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities. In this regard, I certify that I am covered by a 24-hour health and accident policy.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards, and dangers involved in any such activities in which I may elect to participate, including the training, preparation for and travel to and from the site of such activities.

This _____ day of _____, 20__.

_____
Signature of Participant

_____
Signature of Parent/Guardian (if under 18)

RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE
(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in athletic programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for consideration of Kennesaw State University allowing the undersigned to participate in voluntary recreational programs or athletic activities and, in connection therewith, making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the institution, the undersigned participant does hereby waive liability, release and forever discharge Kennesaw State University and the Board of Regents of the University System of Georgia, its members individually, and its officers, agents and employees of and from any and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with such recreational programs or athletic activities.

I further covenant and agree that for the consideration stated above I will not sue Kennesaw State University, the Board of Regents of the University System of Georgia, its members individually, and its officers, agents or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or athletic activities.

I understand that acceptance of this release, waiver of liability and covenant not to sue Kennesaw State University, the Board of Regents of the University System of Georgia or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

Further, I understand that this release, waiver of liability and covenant not to sue shall be effective during my entire period of enrollment or employment at Kennesaw State University.

I have received a copy of this document and I certify that I am ____ years of age and suffering no legal disabilities and that I have read the above carefully before signing.

This _____ day of _____, 20___.

_____
Signature of Participant

_____
Signature of Witness or Parent/Guardian (if under 18)

STUDENT-ATHLETE
INITIAL HEALTH
QUESTIONNAIRE

NAME _____ YEAR (fresh., soph., etc.) _____

SPORT _____ KSU ID #: _____

SOCIAL SECURITY # _____ BIRTH DATE _____

LOCAL ADDRESS _____ CELL PHONE _____
_____

EMERGENCY CONTACT INFORMATION:

PRIMARY CONTACT _____ HOME PHONE _____
RELATION _____ WORK PHONE _____
ADDRESS _____ CELL PHONE _____
(city, state, zip)_____

SECONDARY CONTACT _____ HOME PHONE _____
RELATION _____ WORK PHONE _____
ADDRESS _____ CELL PHONE _____
(city, state, zip)_____

FAMILY PHYSICIAN _____ PHONE _____
ADDRESS _____

COLLEGES PREVIOUSLY ATTENDED: YEAR:
_____ _____

FAMILY MEDICAL HISTORY:

Please indicate if the following disease is present in any member of your family. If so, state which family member(s) was affected.

Diabetes_____ Blood Disease _____
Cancer _____ Sickle Cell _____
Heart _____ Sudden Death (before 50yrs) _____
Marfan's Syndrome _____ Auto Immune Disease_____

Please check either Yes or No.

GENERAL MEDICAL INFORMATION

- Are you currently under the care of a physician? YES ____ NO ____
- Are you currently taking any medication(s) on a regular basis? YES ____ NO ____
- Have you ever had an illness or infection lasting more than a week? YES ____ NO ____
- Have you ever become weak or ill when exposed to high temps? YES ____ NO ____
- Have you ever passed out during or after exercise? YES ____ NO ____
- Have you ever been dizzy during or after exercise? YES ____ NO ____
- Have you ever had chest pain during or after exercise? YES ____ NO ____
- Do you get tired more quickly than your friends do during exercise? YES ____ NO ____
- Have you ever had racing of your heart or skipped heartbeats? YES ____ NO ____
- Have you had high blood pressure, high cholesterol or heart disease? YES ____ NO ____
- Have you ever been told you have a heart murmur? YES ____ NO ____
- Have you had a severe viral infection within the last month? YES ____ NO ____
  (for example, myocarditis or mononucleosis)
- Has a physician ever denied or restricted your participation in sports for any heart problems? YES ____ NO ____
- Do you have a loss or impaired function of any paired organ? YES ____ NO ____
- Do you have or have you ever had:
  Coughing, wheezing, or have trouble breathing during or after activity? YES ____ NO ____
  Asthma ? YES ____ NO ____
  Seasonal Allergies (requiring medical treatment)? YES ____ NO ____
- Diabetes? YES ____ NO ____
- Abnormal Bleeding Tendencies YES ____ NO ____
- Genitourinary Tract Disorders (painful/blood urination, other) YES ____ NO ____
- Kidney Disease, Jaundice, Hepatitis YES ____ NO ____
- Tuberculosis, persistent cough YES ____ NO ____
- Stomach/Intestinal Trouble YES ____ NO ____
- Arthritis YES ____ NO ____
- Anemia YES ____ NO ____
- Significant emotional or psychological difficulties YES ____ NO ____
- Are you allergic to any medications? YES ____ NO ____
- Do you have problems with any of the following? (circle) YES ____ NO ____

  Shin Splints Blisters Side Stitches
  Cramps in Calfs/Hamstrings Dehydration

Please explain any "YES" answers and list CURRENT MEDICATIONS. Add sheet, if necessary.

_____
_____
_____
_____
_____
_____

Women Only:

- Date of last menstruation: _____
- How many menstrual periods have you had over the past 12 months? _____
- Have you ever missed 3 consecutive periods? YES____NO____
  If yes, what was the longest time between periods? _____

HEAD, NECK, and BACK

- Does any one in your family have seizures, fits, spasms, convulsions, or epilepsy? YES ____ NO ___
- Have you ever had a seizure, fit, spasm, or epileptic attack? YES ____ NO ___
- Have you ever been unconscious? YES ____ NO ___
  If yes, circle one: Knocked Out Passed Out
- Have you ever had a concussion? YES ____ NO ___
- Have you ever had a fractured neck or spine? YES ____ NO ___
- Have you ever had an x-ray taken of your neck or spine? YES ____ NO ___
- Have you ever had a pinched nerve or whiplash? YES ____ NO ___
- Have you ever had an injury producing weakness, burning, or numbness in either of your arms or legs? YES ____ NO ___
- Have you ever had any serious dental or mouth injuries? YES ____ NO ___
- Have you ever injured your back? YES ____ NO ___
  If yes, when?_____
  If yes, how long did you miss practice? _____
- Have you ever been told you have a spinal defect that has been there since birth? YES ____ NO ___
- Have you ever been instructed in special exercises for your back? YES ____ NO ___

EYES, EARS, and NOSE

- Do you wear glasses? YES ____ NO ____
- Do you wear contacts? YES ____ NO ____
  If so, hard or soft? _____
- Do you wear either during participation? Glasses Contacts
  If yes, the prescribing physicians' name, address and phone number:
  _____

- Do you suffer from:

Blurred Vision?	YES ___ NO ___	Nasal Blockage?	YES ___ NO ___
Ringing Ears?	YES ___ NO ___	Itching of the eyes?	YES ___ NO ___
Discharge from Ears?	YES ___ NO ___	Frequent Ear Aches?	YES ___ NO ___
Frequent Nose Bleeds?	YES ___ NO ___	Hearing Loss?	YES ___ NO ___
		Sinus Problems?	YES ___ NO ___

ANKLE/FOOT

- Have you ever had an ankle and/or foot injury? YES ____ NO ___
  If yes, which ankle and/or foot? Right Left Both (circle)
  If yes, what was/were the injury/injuries? _____
  If yes, when? _____
  If yes, how long did you miss practice/games? _____
  If yes, did you see a doctor? _____
- Have you ever had an achilles tendon injury? YES ____ NO ___
  If yes, which achilles? _____

KNEE

- Have you ever had a significant knee injury? YES ____ NO ____
  If yes, which knee? Right Left Both (circle)
  If yes, when? _____
  If yes, did the injury require surgery? YES ____ NO ____
  If surgery was required, please give the physician's name, address and phone #:
  _____
- Have you ever suffered from Osgood Slaughter's Disease? YES ____ NO ____

SHOULDER

- Have you ever had a significant shoulder injury? YES ____ NO ____
  If yes, which shoulder? Right Left Both (circle)
  If yes, when? _____
  If yes, is this your throwing or shooting shoulder? YES ____ NO ____
  If yes, did the injury require surgery? YES ____ NO ____
  If surgery was required, please give the physician's name, address and phone #:
  _____
  Are you on a strengthening program for your shoulder? YES ____ NO ____

ELBOW/WRIST/HAND

- Have you ever had a significant elbow/wrist/hand injury? YES ____ NO ____
  If yes, which elbow/wrist/hand (circle)? Right Left Both (circle)
  If yes, when? _____
  If yes, is this your throwing or shooting arm? YES ____ NO ____
  If yes, did the injury require surgery? YES ____ NO ____
  If surgery was required, please give the physician's name address and phone #:
  _____

FRACTURES, DISLOCATIONS, and PULLED MUSCLES

- Have you ever had a fractured bone? YES ____ NO____
  If yes, which bone(s)? _____
  If yes, when? _____
  If yes, was it a stress or traumatic fracture? _____
- Do you have any plates, screws, or pins in bones? YES ____ NO ____
  If yes, which bone(s)? _____
  If yes, when? _____
- Have you ever had a dislocated (complete or partial) joint? YES ____ NO ____
  If yes, which joint? _____
  If yes, when? _____
- Have you ever had a badly pulled muscle? YES ____ NO ____
  If yes, explain _____
  If yes, did it re-occur? _____

FURTHER INFORMATION

Anything not covered by the above questions or further explanation needed:

_____

_____

I certify the above questions were answered completely and to the best of my knowledge.

Athlete's Signature _____ Date _____

Parent's Signature _____ Date _____
(if athlete is under 18)

Sickle Cell Trait Information

[excerpts from National Athletic Trainers Association (NATA) Consensus Statement]

Sickle cell disease is an inherited disorder that affects red blood cells. Sickle cell trait is a condition in which there is one gene for the formation of sickle hemoglobin and one for the formation of normal hemoglobin. Usually, people with sickle cell trait do not have any medical problems and they can lead normal lives. They do not develop sickle cell disease.

During intense or extensive exertion, the sickle hemoglobin can change the shape of red cells from round to quarter-moon, or "sickle." This change, exertional sickling, can pose a grave risk for some athletes. In the past seven years, exertional sickling has killed nine athletes, ages 12 through 19.

Research shows how and why sickle red cells can accumulate in the bloodstream during intense exercise. Sickle cells can "logjam" blood vessels and lead to collapse from ischemic rhabdomyolysis, the rapid breakdown of muscles starved of blood. Major metabolic problems from explosive rhabdomyolysis can threaten life. Sickling can begin in 2-3 minutes of any all-out exertion – and can reach grave levels soon thereafter if the athlete continues to struggle. Heat, dehydration, altitude, and asthma can increase the risk for and worsen sickling, even when exercise is not all-out. Despite telltale features, collapse from exertional sickling in athletes is under-recognized and often misdiagnosed. Sickling collapse is a medical emergency.

In addition to African Americans (1 in 12), the sickle gene is also present in those of Mediterranean, Middle Eastern, Indian, Caribbean and South and Central American ancestry; hence, the required screening of all newborns in the United States. While rare (one in 2,000 to 10,000), white Americans carry the sickle gene.

In the past four decades, exertional sickling has killed at least 15 football players. In the past seven years alone, sickling has killed nine athletes: five college football players in training, two high school athletes (one a 14-year-old female basketball player), and two 12-year-old boys training for football. Of 136 sudden, non-traumatic sports deaths in high school and college athletes over a decade, seven (5%) were from exertional sickling.

The NCAA and the NATA have recommended testing to determine Sickle Cell Trait Status. Testing for Sickle Cell Trait involves a blood draw (needle). In response to these recommendations, Kennesaw State University has decided to offer Sickle Cell Testing for all NCAA intercollegiate student-athletes.

Please note that a Positive Sickle Cell Trait test does not mean that you cannot participate in KSU Athletics. It simply means that you, as well as the KSU Coaches and Athletic Trainers, need to monitor your condition and your hydration level more closely.

Please complete the attached form(s) regarding Sickle Cell Trait Status and testing.

SICKLE CELL TRAIT SCREENING
ASSUMPTION OF RISK, LIABILITY RELEASE,
AND COVENANT NOT TO SUE

This is a legally-binding Release made by me, _____ (student), and my parent/legal guardian_____(if under 21).

This is to acknowledge that Kennesaw State University (KSU) has provided me with information about sickle cell disease and sickle cell trait and that the disorder may adversely affect persons involved in physical exertion, sports or intense exercise. KSU has also informed me of the NCAA's recommendation that all student athletes be screened for the sickle cell trait if they are not aware of their sickle cell trait status in an effort to avoid future health problems, sickness or death. KSU has provided me with the opportunity to be screened for the sickle cell trait at no cost to me, and I have made an informed decision to decline the screening.

I fully recognize that there are dangers and risks to which I may be exposed by participating in sports activity if I have the sickle cell disease or sickle cell trait. The following is a description and examples of specific, significant or non-obvious dangers and risks associated with the activity: dehydration, collapse from ischemic rhabdomyolysis (the rapid breakdown of muscles starved of blood), heat exhaustion, muscle cramps, fainting, paralysis, coma and death. I understand that KSU does not require me to participate in sports or physical activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with participating in sports without the sickle cell trait screening. In consideration of and return for the services, facilities, and other assistance provided to me by KSU in this activity, I release KSU (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with this activity. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of KSU (or its governing board, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by KSU.

I recognize that this Release means I am giving up, among other things rights to sue KSU, its governing board, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I have read this entire Release, I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

_____ _____
Releasor's Signature Date

_____
(Print Name)

_____ _____
(Parent or Guardian if Releasor is under 21 years old) Date