



Long Island University Sports Medicine Department

AGREEMENT TO PARTICIPATE

Please check appropriate space(s):

- | | | | | | |
|--------------------------------------|---------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Equestrian | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Rowing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Fencing | <input type="checkbox"/> Golf | <input type="checkbox"/> Rugby | <input type="checkbox"/> Tennis | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track/XC | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Dance/Cheer | <input type="checkbox"/> Football | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Softball | <input type="checkbox"/> Triathlon | <input type="checkbox"/> Flag Football |
- Freshman
 Sophomore
 Junior
 Senior
 Graduate

WAIVER AND RELEASE

I am aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risks of playing or practicing in the above sport(s) include, but are not limited to, death, serious neck, spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joint, ligaments, muscles, tendons, and other aspects of the musculoskeletal system and serious injury or impairment to other aspects of my body.

Because of the dangers of participating in the above sport(s), I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, and other team rules and obeying such instructions.

In consideration of LIU permitting me to practice, play or tryout for the University's team(s) checked above and to engage in all activities related to the team, including practicing, playing, and traveling. I hereby voluntarily assume all risks associated with my participation and agree to exonerate and hold harmless LIU, its agents, representatives, employees(including, specifically, the LIU athletic staff), the physicians and other health care practitioners who may treat me from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise as a result of or in connection with my participation in any activities related to the Long Island University sports team(s) checked above.

I hereby authorize a member or members of the Medical Staff of LIU to provide medical care or perform upon me, or any child of mine, such operation or operations as they may deem necessary, if I cannot be reached for prior authorization, in the event that a medical emergency requires such intervention.

The terms of this waiver shall serve as a binding release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

FOR CONTACT OR COLLISION SPORTS:

I specifically acknowledge that _____(indicate sport) is a VIOLENT CONTACT/COLLISION SPORT, involving even a greater risk of injury than other sports.

Athlete's Signature

Date

Print Name

Parents Signature (if under 18 yrs. old)



RESPONSIBILITY FOR REPORTING INJURIES AND ILLNESSES

As a Student Athlete at Long Island University, I acknowledge many athletic, academic, and community responsibilities. The most important responsibility that I have is my health.

It is my responsibility as an athlete at Long Island University to notify my designated Athletic Trainer if I have or develop any injuries or illnesses during my sports career. In the event that my Athletic Trainer is not available, it is my responsibility to notify another member of the Sports Medicine Staff (Athletic Trainer, physician) if I have or develop any injuries or illnesses. It is also my responsibility to follow all treatment and rehabilitation instructions. If I am unable to comply with these instructions I will notify a member of the Sports Medicine Staff in a timely manner so my treatment or rehabilitation plan can be adjusted to improve my compliance.

During practice or competition, I acknowledge my responsibility and obligation to immediately inform the nearest member of the Long Island University Sports Medicine Staff of any injury or illness that I may suffer during the activity. I will allow any member of the Sports Medicine Staff to appropriately evaluate me to assess my ability to continue playing on that day.

This obligation to inform the Sports Medicine Staff includes any direct or indirect hit to my head that causes a headache, dizziness, confusion, or any other symptoms. I will review the NCAA education materials on Concussion so I am familiar with concussion symptoms. If I am diagnosed with a concussion, I acknowledge that it is an essential part of my treatment plan after a concussion to honestly report any symptoms that may still be present. Failure to do so may lead to an increased risk for another concussion, a more severe injury which could lead to my death, or permanent negative effects on my brain function.

If I have any questions or concerns regarding the Responsibility for Reporting Injuries and Illnesses policy I will communicate them with the Head Athletic Trainer or the Team Physician for Long Island University.

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREED TO THE ABOVE STATEMENTS.

Print Name

Sport

Signature

Date

Parent/Guardian Signature (if under 18 years of age)

Date



ANTI-INFLAMMATORY MEDICATION – NSAID USE AGREEMENT

Anti-Inflammatory Medications-NSAIDS (Non-steroidal anti-inflammatory Drugs) are a commonly prescribed medication to help reduce pain, swelling/inflammation and/or fever associated with an injury or illness. NSAIDS include, but are not limited to, the following examples:

Naproxen-Sodium (Aleve, Mediprofen, Naprosyn), Ibuprofen (Advil, Motrin, Addaprin), Ketorolac (Toradol), Celecoxib (Celebrex), Aspirin (Bayer), Diclofenac (Voltaren), Indomethacin (Indocin).

These oral medications are but one option to treat inflammation related conditions. Additional treatments may include topicals (creams etc.), dietary supplements, direct treatments (ultrasound etc.) and even simple rest. All of these can reduce inflammation and allow recovery to progress in an efficient manner. Our medical staff will offer many different options whenever treatment is needed and all medical decisions are made WITH the student athlete as an active participant. If agreed upon and not otherwise contraindicated, these medications should be taken within accepted guidelines as directed by the product labeling/packaging, or as directed by team physician's recommendations and standing orders.

As per the product packaging the following are possible adverse reactions from taking NSAIDS: Blood in urine, bleeding, risk of cardiovascular event with prolonged use, blurred vision, dark urine, chest pain, difficulty breathing, skin peeling/itching/rashes, bleeding/bruising, tiredness/weakness, vomiting, black/tarry stools, racing heart rate, chills, muscle aches and pains, fever, stomach pain and cramps, swelling of eyelids/throat/lips or feet. Certain NSAIDS could trigger an asthma attack if you have bronchial asthma.

By signing below, I am stating I am aware of potential side-effects stated above:

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREED TO THE ABOVE STATEMENTS.

Print Name

Sport

Signature

Date

Parent/Guardian Signature (if under 18 years of age)

Date