

Name \_\_\_\_\_

Date \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Joy of Paperwork: Women's Cross Country RETURNING STUDENT-ATHLETE

Please read each page thoroughly and provide the appropriate information and signature as needed:

- Page 1: Athletic Agreement Letter
  - Page 2: Independent Athletic Travel \*\*\*
  - Page 3: Air Travel Waiver\*\*\*
  - Page 4: Drug and Alcohol Policy
  - Page 5: Athletic Medicine Team Insurance Form\*\*\*
  - Page 6: Medical Expense Insurance Information
  - Page 7: Confidentiality of Medical Records
  - Page 8: Assumption of Risk\*\*\*
  - Page 9: Medical History Questionnaire\*\*\*
  - Page 10: Pre-Participatory Physical Screening
- Also include a copy of your Medical Insurance Card**

*Areas with a \*\*\* also require a parental signature if you are under 18 years of age*

### PE 200:

Registration is required in this course each semester in order to receive priority registration. Contact your Head Coach for registration information.

### Important Medical Policies/Paperwork

Every student-athlete must have a **current physical, all medical paperwork and a copy of your medical insurance card on file with the Athletic Training Department** before you can participate in any athletic activity. A current physical is described as a medical exam that has been performed within the current sport year. A current sport year starts every July 1<sup>st</sup> and ends on June 30<sup>th</sup> the following year. If you obtain a physical during the spring semester (for example, March 1, 2009) your physical will expire on June 30, 2009. You will be ineligible for conditioning and/or practice until you get a new physical. No exceptions are made with this policy.

The CSUSM pre-participatory physical screening form (page 10) must be thoroughly completed by you, the student-athlete, and the physician. Pay close attention to the following:

- Date of Exam
- Name of Student-Athlete, Sport, Campus ID number, and Date of Birth
- Level of Participation box checked indicating clearance
- Doctor's Name and Signature
- Doctor's Stamp

Please Note: Only physicals performed by a Medical Doctor, Nurse Practitioner, Physician's Assistant or a Doctor of Osteopathic Medicine will be accepted. Physicals performed by a Chiropractor cannot be accepted.

**ALL FORMS INCLUDED IN THIS PACKET MUST BE COMPLETED IN FULL AND SUBMITTED TO YOUR HEAD COACH OR DURING YOUR FIRST TEAM MEETING. PAPERWORK MUST BE SUBMITTED AT LEAST 2 DAYS PRIOR TO THE FIRST SCHEDULED TEAM ACTIVITY INCLUDING CONDITIONING, PRACTICE OR COMPETITION. STUDENT-ATHLETES WILL NOT BE CLEARED UNTIL ALL FORMS ARE COMPLETED AND APPROVED BY THE OFFICE OF ATHLETICS.**



**Student-Athlete Agreement Letter and Code of Conduct—5 Pages**

August 1, 2009  
2009-2010 Academic Year

Dear \_\_\_\_\_ (print your name)

Welcome to Cal State San Marcos! We're glad to have you as a student-athlete. Your participation brings benefits both for you and the institution. We will work with you in every way possible to ensure academic and athletic experiences to remember long after graduation.

The following guidelines are for your benefit and ours in carrying out the best program at Cal State University San Marcos. Please read carefully the following information and return a signed copy to Todd Snedden, Athletics Coordinator. You will not be allowed to participate in any official team activities, including practice, until these materials have been submitted. If you have any questions, please talk with your coach or the Athletics Coordinator.

**ACADEMIC GUIDELINES**

You are expected to register as a full-time undergraduate student at CSUSM in good standing, which includes:

1. Completion of at least 12 units per semester/24 units per year without repeating a course where a prior grade was earned (including summer) with an earned GPA of no less than 2.0 per National Association of Intercollegiate Athletics (NAIA) requirements.
2. Proof of exemption from the Entry Level Math (ELM) and English Placement Test (EPT) requirements or proof of assessment by taking the ELM/EPT tests before enrollment. Freshman testing into Palomar Math 15 and/or Math 50 cannot count these units towards the 12 unit eligibility requirement.
3. In order to receive priority registration, enrollment in PE 200 during the previous semester is required.
4. Evaluation of academic records by the Office of Registration and Records and ongoing planning with academic counselors to meet requirements for graduation.
5. Meeting the foreign language competency required for graduation at CSUSM.
6. New Students Only: Meet the CSUSM computer competency requirement before the end of your second semester.
7. Contact the Athletics Coordinator before dropping a class or dropping below 12 units.
8. Maintaining academic integrity in class work assignments and attendance. Your academic performance will be monitored each semester by the Faculty Athletics Representative (FAR), the Athletics Director (AD) and Associate Director, the Athletics Coordinator, and the Coaches. As a condition of athletic eligibility, you agree that your professors may discuss your academic performance with the FAR and the Athletics Coordinator, and that the FAR and Athletics Coordinator may share that information with the Coaches, the AD, the Associate AD and other appropriate employees in the Office of Athletics.
9. Read and comply with the contents provided in the Student-Athlete Handbook which is located on the athletic homepage under Academic Support.

**FINANCIAL GUIDELINES**

1. You are strongly encouraged to apply for state and federal aid by completing the Free Application for Federal Student Aid (FAFSA) that is available at the Financial Aid Office. Athletic grants, like all financial resources, are coordinated with a student's full financial aid package so that total federal or state aid does not exceed financial need.
2. If you receive an athletic grant, the AD, the Coach or the Assistant Coach will monitor your academic progress. Athletic Department Staff will notify the Financial Aid Office if you fail to meet all applicable academic requirements for continued receipt of an athletic grant, including but not limited to those identified above.

3. If you receive both an athletic grant and other federal or state aid, you will also be monitored by the Financial Aid Office to determine continued eligibility for other aid. The AD, the Coach and the Assistant Coach will be notified if you are placed on financial aid probation or disqualification. In such situations, the AD, the Coach and the Assistant Coach will determine whether you may continue to receive an athletic grant.

#### *ATHLETIC GUIDELINES*

You are expected:

1. To be punctual for classes, practices and games.
2. To call and leave a message for the Coach or the Assistant Coach prior to the practice if you cannot make a practice.
3. To take a physical examination each school year prior to official participation, including practices, in the sport.
4. To present yourself physically fit for the first practice.
5. To avoid injury resulting from activities not related to your sport, which would prevent participation and could result in forfeiture of any athletic grant.
6. To notify the Head Athletic Trainer immediately if there is a change in with your primary medical insurance or a change in your medical condition.
7. To attend all meetings requested by the AD or Coach.
8. To participate fully in all athletics fundraising opportunities.
9. To attend all celebratory functions (e.g., Awards Banquets, etc.) to which you are invited.
10. Not to use illegal drugs, including illegal performance-enhancing substances (e.g., steroids) under any circumstances and not to use alcohol during CSUSM team functions (Student-Athlete Drug and Alcohol Policy).
11. To encourage fair and competitive play among teammates as part of your commitment to the team and to CSUSM.

#### *COMPETITIVE EXPERIENCE OUTSIDE INTERCOLLEGIATE ATHLETICS*

NAIA rules were changed in 2004 to address competitive experiences after high school graduation and before enrollment at an NAIA institution. The rule's purpose is to diminish advantages gained through participation outside intercollegiate athletics. The legislation states that a student-athlete shall be charged with a season of competition based on participation in any athletic competition or training for which the participant receives compensation (including remuneration for expenses) after September 1 in the year of high school graduation or the equivalent.

If high school graduation or its equivalent cannot be ascertained, age 19 is used as the starting point. For purposes of this rule, no student will be charged more than one season in any 12-month period. Athletes charged one or more seasons of competition due to the application of this rule also must comply with all other applicable NAIA regulations (e.g., amateur rules, eligibility). To determine if a particular student-athlete is subject to this rule, see the Athletics Coordinator immediately for a Competitive Experience Form.

#### *STUDENT-ATHLETE DRUG AND ALCOHOL POLICY*

Refer to the Student-Athlete Drug and Alcohol Policy as stated in your Joy of Paperwork.

#### *CIVIC GUIDELINES*

You are expected to represent the campus and its image in the community at large as a CSUSM sports team member, and to understand that off-campus behavior is a reflection on your team and the University's image. Your participation with the sports team may be affected by conduct that reflects poorly on the team or the University. This conduct includes how you present yourself on the internet, via things such as web blogs, personal web pages, and web sites such as "myspace.com."

#### *STUDENT CODE OF CONDUCT*

See the attached page and/or consult the current edition of the CSUSM catalog.

### ***PUBLICITY AGREEMENT***

If you agree to allow CSUSM to use your name and image in publicity about the athletic program, please initial here:

\_\_\_\_\_

The Coach or the Assistant Coach may determine appropriate disciplinary actions for infractions of athletic rules. More severe violations can affect your ability to continue with the team and also subject you to student disciplinary proceedings. Your athletic grant can be adjusted if you become ineligible due to disciplinary actions, or it can be prorated on a weekly basis as a consequence of discipline.

## **STUDENT CODE OF CONDUCT**

The University is committed to maintaining a safe and healthy living and learning environment for students, faculty, and staff. Each member of the campus community must choose behaviors that contribute toward this end. Student behavior that is not consistent with the Student Conduct Code is addressed through an educational process that is designed to promote safety and good citizenship and, when necessary, impose appropriate consequences.

### **Student Responsibilities**

Students are expected to be good citizens and to engage in responsible behaviors that reflect well upon their university, to be civil to one another and to others in the campus community, and contribute positively to student and university life.

### **Unacceptable Student Behaviors Subject to Disciplinary Sanctions**

1. Dishonesty, including:
  - Cheating, plagiarism, or other forms of academic dishonesty that are intended to gain unfair academic advantage.
  - Furnishing false information to a University official, faculty member, or campus office.
  - Forgery, alteration, or misuse of a University document, key or identification instrument.
  - Misrepresenting oneself to be an authorized agent of the University or one of its auxiliaries.
2. Unauthorized entry into, presence in, use of, or misuse of University property.
3. Willful, material and substantial disruption or obstruction of a University-related activity, or any on-campus activity.
4. Participating in an activity that substantially and materially disrupts the normal operations of the University, or infringes on the rights of members of the University community.
5. Willful, material and substantial obstruction of the free flow of pedestrian or other traffic, on or leading to campus property or an off-campus University related activity.
6. Disorderly, lewd, indecent, or obscene behavior at a University related activity, or directed toward a member of the University community.
7. Conduct that threatens or endangers the health or safety of any person within or related to the University community, including physical abuse, threats, intimidation, harassment, or sexual misconduct.
8. Hazing, or conspiracy to haze, as defined in Education Code Sections 32050 and 32051:
  - “Hazing” includes any method of initiation or pre-initiation into a student organization, or any pastime or amusement engaged in with respect to such an organization which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm, to any student or other person attending any school, community college, college, university or other educational institution in this state; but the term “hazing” does not include customary athletic events or other similar contests or competitions.
  - A group of students acting together may be considered a ‘student organization’ for purposes of this section whether or not they are officially recognized. Neither the express or implied consent of a victim of hazing, nor the lack of active participation while hazing is going on is a defense. Apathy or acquiescence in the presence of hazing is not a neutral act, and is also a violation of this section.
9. Use, possession, manufacture, or distribution of illegal drugs or drug-related paraphernalia, (except as expressly permitted by law and University regulations) or the misuse of legal pharmaceutical drugs.

#### **The California State University**

10. Use, possession, manufacture, or distribution of alcoholic beverages (except as expressly permitted by law and University regulations), or public intoxication while on campus or at a University related activity.
11. Theft of property or services from the University community, or misappropriation of University resources.
12. Unauthorized destruction, or damage to University property or other property in the University community.
13. Possession or misuse of firearms or guns, replicas, ammunition, explosives, fireworks, knives, other weapons, or dangerous chemicals (without the prior authorization of the campus president) on campus or at a University related activity.
14. Unauthorized recording, dissemination, or publication of academic presentations (including handwritten notes) for a commercial purpose.
15. Misuse of computer facilities or resources, including:
  - Unauthorized entry into a file, for any purpose.
  - Unauthorized transfer of a file.
  - Use of another's identification or password.
  - Use of computing facilities, campus network, or other resources to interfere with the work of another member of the University Community.
  - Use of computing facilities and resources to send obscene or intimidating and abusive messages.
  - Use of computing facilities and resources to interfere with normal University operations.
  - Use of computing facilities and resources in violation of copyright laws.
  - Violation of a campus computer use policy.
16. Violation of any published University policy, rule, regulation or presidential order.
17. Failure to comply with directions of, or interference with, any University official or any public safety officer while acting in the performance of his/her duties.
18. Any act chargeable as a violation of a federal, state, or local law that poses a substantial threat to the safety or well-being of members of the University community, to property within the University community, or poses a significant threat of disruption or interference with University operations.
19. Violation of the Student Conduct Procedures, including:
  - Falsification, distortion, or misrepresentation of information related to a student discipline matter.
  - Disruption or interference with the orderly progress of a student discipline proceeding.
  - Initiation of a student discipline proceeding in bad faith.
  - Attempting to discourage another from participating in the student discipline matter.
  - Verbal or physical harassment or intimidation of any participant in a student discipline matter.
  - Failure to comply with the sanction(s) imposed under a student discipline proceeding.
20. Encouraging, permitting, or assisting another to do any act that could subject him or her to discipline.

### **Application of This Code**

Sanctions for the conduct listed above can be imposed on applicants, enrolled students, students between academic terms, graduates awaiting degrees, and students who withdraw from school while a disciplinary matter is pending. Conduct that threatens the safety or security of the campus community, or substantially disrupts the functions or operation of the University is within the jurisdiction of this Article regardless of whether it occurs on or off campus. Nothing in this Code may conflict with Education Code section 66301 that prohibits disciplinary action against students based on behavior protected by the First Amendment.

### **Procedures for Enforcing This Code**

The Chancellor shall adopt procedures to ensure students are afforded appropriate notice and an opportunity to be heard before the University imposes any sanction for a violation of the Student Conduct Code.

**Disposition of Fees; Campus Emergency; Interim Suspension**

The President of the campus may place on probation, suspend, or expel a student for one or more of the causes in the Student Conduct Code. No fees or tuition paid by or for such student for the semester, quarter, or summer session in which he or she is suspended or expelled shall be refunded. If the student is readmitted before the close of the semester, quarter, or summer session in which he or she is suspended, no additional tuition or fees shall be required of the student on account of the suspension.

During periods of campus emergency, as determined by the President of the individual campus, the President may, after consultation with the Chancellor, place into immediate effect any emergency regulations, procedures, and other measures deemed necessary or appropriate to meet the emergency, safeguard persons and property, and maintain educational activities.

The President may immediately impose an interim suspension in all cases in which there is reasonable cause to believe that such an immediate suspension is required in order to protect lives or property and to insure the maintenance of order. A student so placed on interim suspension shall be given prompt notice of charges and the opportunity for a hearing within 10 days of the imposition of interim suspension. During the period of interim suspension, the student shall not, without prior written permission of the President or designated representative, enter any campus of the California State University other than to attend the hearing. Violation of any condition of interim suspension shall be grounds for expulsion.

Once again, welcome to Cal State San Marcos! We look forward to assisting you in your athletic and academic pursuits.

Sincerely,



Tom Seitz  
Director of Athletics

By signing and returning this document, I acknowledge that I have received, read and understood its contents. I also understand that I will abide by the rules and policies as stated in the Student-Athlete Handbook which is located on the Athletic Website under Academic Support.

---

Signature

---

Date

## Independent Athletic Travel Arrangements

**If you choose to travel independently (by yourself or with someone else) to a University (Athletics) sponsored event (practice, competition, or related team function) of which University sponsored transportation has or has not been arranged, you have agreed to the terms listed below:**

**I release from liability and waive my right to sue** the Department of Athletics and its employees, State of California, the Trustees of The California State University, California State University San Marcos and their employees, officers, volunteers and agents (collectively "University") from any and all claims, resulting in any physical injury, illness (including death) or economic loss I may suffer because of my participation in the above mentioned sport, including any travel to and from practice and/or competition.

*I agree to hold the Athletic Department and its employees harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my decision to travel independently of the team to and or from a sponsored Athletic event, practice and/or competition. The terms hereof shall serve as a release and assumption of risk and responsibility for my heirs, estate, executor, administrator, assignees, and for all members of my family.*

Name: \_\_\_\_\_

Academic Year: 2009-2010

Sport: \_\_\_\_\_

Student I.D. #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If Participant is under 18 years of Age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) release of the Athletic Dept. and the University from all liability on my and the Participant's behalf, (b) waiver of my and the Participant's right to sue, (c) and assumption of all risks of the Participant's decision to travel independently regardless of sponsored or non-sponsored team travel arrangements. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name

## California State University San Marcos Air Travel and Ground Transportation Release and Hold Harmless Statement

I, \_\_\_\_\_, am a student at California State University, San Marcos.  
(Please print name)

I am/will be participating in a CSU-affiliated program which requires air travel and/or ground transportation. (CSU-affiliated program includes any program offered by, or pursuant to a program of the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof). My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel and ground transportation involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel and/or ground transportation, at my own risk.

I release and hold harmless the State of California, the California State University, the campus affiliated with the program requiring the air travel and/or ground transportation, and each and every officer, employee, and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death or other consequences resulting directly from or in any manner arising out of, or in connection with, my being a passenger on an airplane or bus or van pursuant to my participation in the SCU-affiliated program.

The release and hold harmless shall also be binding on my heirs, assigns, successors and all other persons who may claim through me.

\_\_\_\_\_  
Date Signature Student ID Number

\_\_\_\_\_  
Date Parent or Legal Guardian (required for students under 18)

**The California State University**

## Student-Athlete Drug and Alcohol Policy

### Purpose

The purpose of the Student-Athlete Drug and Alcohol Policy is to promote a drug-free environment within the University's Intercollegiate Athletic program. The goals of the program are to educate student-athletes about drug and alcohol abuse; to deter the use of potentially harmful drugs, which undermine the integrity of athletic competition; and to promote the physical and psychological well-being of student-athletes.

The Department of Athletics maintains the same position on substance abuse as the overall campus as outlined in Student Code: Standards for Student Conduct located in the current CSUSM catalog and the Drug-Free Schools and Communities Act of 1989.

### Education

Education is a fundamental part of the program. The Department of Athletics will offer yearly presentations on the topic of drug and alcohol abuse. Selected qualified speakers from the area and campus community will give the presentations. Literature on substance abuse will also be available for coaches to disseminate to student-athletes.

### Participation

Any student wishing to participate in Intercollegiate Athletics at California State University San Marcos must abide by the Student-Athlete Drug and Alcohol Policy. Any student who does not sign the consent form or fails to comply with the policy will forego the privilege of further participation in intercollegiate athletics at the university.

### Student Responsibilities

Students are expected to be good citizens and to engage in responsible behaviors that reflect well upon the university. Unacceptable student behaviors and behaviors subject to disciplinary action include but are not limited to:

- Use, possession, manufacture, or distribution of illegal drugs or drug-related paraphernalia (except as expressly permitted by law and University regulations), or the misuse of legal pharmaceutical drugs.
- Use, possession, manufacture, or distribution of alcoholic beverages (except as expressly permitted by law and University regulations), or public intoxication while on campus or at a University sponsored activity.
- Use, possession, manufacture, or distribution of anabolic steroids or other performance enhancing drugs (as defined by the United States Olympic Committee).

Violations of the Student-Athlete Drug and Alcohol Policy

Student-athletes found in violation of the Drug and Alcohol Policy will be subject to the sanctions imposed by the University. Additional sanctions, including but not limited to removal from the intercollegiate athletics program and loss of athletics scholarship, may be imposed by the Athletic Department.

Counseling and Rehabilitation

If counseling and/or rehabilitation are deemed necessary, any cost incurred is the responsibility of the student-athlete. Arrangements can be made through SHCS (Student Health and Counseling Services).

Confidentiality

The health and well being of the individual student-athlete is of foremost concern. All consultations within the Department of Athletics are confidential. Each student-athlete is asked to sign a release of information that would be used for educational purposes only.

I have reviewed, understand, and agree to abide by the Student-Athlete Drug and Alcohol Policy. I also authorize for release any information to California State University San Marcos University employees affiliated with this Drug and Alcohol Policy.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## **Student-Athlete Questionnaire**

*Your responses to this short questionnaire will be used by the Sports Information Director to create a profile for you on the CSUSM Athletics website, [www.csusm.edu/athletics](http://www.csusm.edu/athletics). This information may also be included in press releases that are sent to the local media. As such, please be accurate and detailed with the information you include. Thank you for your time!*

**Name:**

**Sport(s):**

**Athletic Year (circle one):**      FR    SO    JR    SR

**Hometown:**

**High School:**

**Previous College(s):**

**Athletic Career Highlights:**

*(any experience, records, stats, etc. that you would like included in your profile)*

**Other Information:**

*(anything else that you would like included in your profile)*

**California State University San Marcos  
Athletic Medicine Team Insurance Information Form**

**\*\*\*\*\*ATHLETE'S INFORMATION\*\*\*\*\***

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ SPORT \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOC SEC # \_\_\_\_\_ SCHOOL ID # \_\_\_\_\_ CELL PHONE \_\_\_\_\_ DOB \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\*\*\*\*PARENT/GUARDIAN INFORMATION\*\*\*\*\***

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

ADDRESS (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ PHONE \_\_\_\_\_

**\*\*\*\*\* INSURANCE INFORMATION\*\*\*\*\***

Primary Insurance Company \_\_\_\_\_ Dental Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Billing Address (Street, City, State, Zip Code) \_\_\_\_\_ Billing Address (Street, City, State, Zip Code)

HMO (Y or N) PPO (Y or N) Military (Y or N) HMO (Y or N) PPO (Y or N) Military (Y or N)

Primary Care Physician's Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*\*\*\*NOTE TO ATHLETE AND PARENT/GUARDIAN \*\*\*\*\***

I understand this insurance information must be COMPLETELY and ACCURATELY provided and on file with the Athletic Medicine Team before my son/daughter will be allowed to participate in athletics. I further understand that any medical expenses resulting from an ACCIDENTAL INJURY while participating in a scheduled university athletic activity will not be paid under the accident insurance policy carried by the Department of Athletics secondary insurance until my primary health insurance policy, which covers these expenses, is exhausted. Illnesses, such as appendicitis, and any dental injury sustained are NOT covered by the Athletic Department secondary insurance plan. While it is highly recommended that I carry dental insurance, I MUST carry primary health insurance. In order for coverage by the Athletic Department secondary insurance to be in effect, the athletic injury must have occurred in a practice or game which is under the supervision of a CSUSM coach. I further understand that failure to report injuries to the Athletic Medicine Team or to meet scheduled medical appointments may void university responsibility for medical expenses resulting from athletic injuries.

*Please note: It is the student-athlete's responsibility to notify the Head Athletic Trainer immediately if there is a change to your Primary Health Insurance Policy.*

Athlete Signature: \_\_\_\_\_ Date \_\_\_\_\_

**If the Participant is UNDER THE AGE OF 18, Parental Signature and Consent is required below. See also Assumption of Risk Pg 4.**

I hereby grant permission to the Physicians on the Athletic Medicine Team and Student Health Services at California State University San Marcos and those professional personnel designated by them to treat my son/daughter in the event of any injury or illness. In the event of a serious injury and if unable to contact me, this consent is to include any and all emergency procedures deemed necessary by the attending physician.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## NOTICE OF MEDICAL EXPENSE INSURANCE LIMITATIONS

Participants in Intercollegiate Athletics at California State University San Marcos are provided secondary medical insurance coverage at no direct cost to the participant. There are, however, specific limitations to this coverage that the participant should be aware of:

1. This student-athlete insurance policy will pay only those medical expenses not covered by the primary/family insurance policy.
2. Participants who are injured while engaged in intercollegiate athletic activities must report their injury to their coach/athletic trainer immediately. Claims for medical expenses incurred as a result of the injury must be made within 120 days of the date of injury.
3. **Coverage:** This medical expense program provides payment for usual and customary medical/dental expenses up to \$75,000 for accidental injury sustained while taking part in Intercollegiate Athletics or supervised travel related thereto. The benefit period extends to two years from the date of injury. The insurance deductible must be met within the first year after the date of injury in order for coverage to continue. Accidental death and dismemberment benefit is \$15,000.00. Physical therapy is limited to 30 visits per injury.
4. **THIS POLICY DOES NOT COVER SICKNESS OR ILLNESS.**
5. The medical expense insurance can only be utilized after the athlete's injury is determined to be a direct result of participation in official athletic practices or intercollegiate competition.
6. Any disclosure misrepresenting the university's responsibility for an accident/injury or failure to report primary insurance coverage will result in full liability to you for medical expenses. Please note, the CSUSM Athletic Trainer must first authorize any and all treatment for an athletic injury. If any treatment is received without prior approval, unless in case of an emergency, the university and/or its insurance agent will not be responsible for medical coverage.

My signature below serves as verification that I have read the above medical insurance information and understand that although California State University San Marcos provides medical expense insurance coverage for Intercollegiate Athletic participants, there are specific limitations to this coverage as specified above and it is my responsibility to provide the necessary information to the Athletic Trainer and or Head Coach.

*Please note: It is the student-athlete's responsibility to notify the Head Athletic Trainer immediately if there is a change to your Primary Health Insurance Policy.*

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## Confidentiality of Medical Records

As part of your participation in CSUSM athletics you will receive coverage and care by the Athletic Medicine Team, at which time your medical information may be disclosed to individuals involved with your health care. All of this information is considered to be confidential and remain the private rights of the individual being treated. All of your medical information, with regards to your athletic participation, will be securely stored in the DJO Sports Medicine Room.

By signing this document, you acknowledge that such information may shared between members of the Athletic Medicine Team, Head Coach, Director of Athletics, Associate Athletic Director and/or Athletic Coordinator as deemed necessary by the Athletic Medicine Staff. Such information may also be used for educational purposes while maintaining confidentiality and privacy of your health records.

Furthermore, any interaction with the treatment team, including medical records, will be conducted in a confidential matter in accordance with state and federal privacy laws. Any breach of confidentiality and/or privacy will not be tolerated. If such a breach occurs, an inquiry will be implemented and appropriate disciplinary action will be taken as necessary against those who may have been found to breach such policies.

As a student-athlete, you also understand that other student-athletes' confidential medical status may be disclosed in your presence. In such cases, no medical information that you hear or witness in visual or auditory manners may be divulged to any other party, and you shall fully respect the rights of privacy and confidentiality of all other student-athletes.

### ACKNOWLEDGEMENT

I, \_\_\_\_\_ (print name), have read the above stated information regarding compliance with confidentiality and privacy of information regarding student-athletes and patients during my participation in CSUSM Athletics. By signing below, I am acknowledging that I have read, understood and will abide by all rules and regulations set forth here within. I agree that if I have any questions regarding confidentiality and/or privacy issues that I will address such questions with the appropriate supervisors to assure proper action at all times.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

**Athletics and Athletic Medicine Team  
Assumption of Risk and Responsibility**

*Please note: The Athletic Medicine Team is a separate legal entity.*

I, (print name) \_\_\_\_\_, intend to participate/compete in California State University San Marcos Athletics in the sport(s) of \_\_\_\_\_.

I **release from liability and waive my right to sue** the Department of Athletics, the Athletic Medicine Team, State of California, the Trustees of The California State University, California State University San Marcos and their employees, officers, volunteers and agents (collectively “University”) from any and all claims, **including the Athletic Medicine Team and University’s negligence**, resulting in any physical injury, illness (including death) or economic loss I may suffer because of my participation in the above mentioned sport, including any travel to and from practice and/or competition.

I understand that there are **risks** associated with this sport such as **physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death**, which may occur from my participation in this sport. These injuries or outcomes may arise from my own or other’s actions, inactions, negligence, or from the condition of the practice and/or competition location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this sport, including travel to and from practice and/or competition.**

I understand and accept that the Athletic Medicine Team and the University will uphold their responsibility to me and I hereby assume all the risks associated with participation in this sport. I agree to **hold** the Athletic Medicine Team and the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney’s fees**, as a result of my participation in this sport, including travel to and from practice and/or competition. If the University incurs any of these types of expenses, I agree to reimburse the University. The terms hereof shall serve as a release and assumption of risk and responsibility for my heirs, estate, executor, administrator, assignees, and for all members of my family.

If I need medical treatment, the Athletic Medicine Team and the University are authorized to obtain medical treatment for me. I understand that if an injury should occur that requires medical treatment beyond the capabilities of the Athletic Medicine Team and California State University San Marcos, I am financially responsible and liable for any and all medical bills pursuant to that medical treatment. Additionally, should I wish to seek any medical assistance or care outside of what is referred or recommended by the Athletic Medicine Team, I will assume any or all financial responsibility (i.e. chiropractors, massage therapy, physical therapy).

I understand that my participation/competition in California State University San Marcos Athletics is dependent on my possession of primary insurance, and that participation/competition will not be

allowed until proof of primary insurance is provided. I also understand that while I am a student-athlete at Cal State San Marcos, I may be covered under California State University Risk Management Authority Athletic Injury Maintenance Expense program (CSURMA-AIME) and the NAIA Catastrophic Athletic Insurance program. These insurance benefits provided by the Athletic Department are limited to injuries sustained during a university sanctioned intercollegiate athletic event (practice and/or competition) under the supervision of a CSUSM coach. I understand that my primary coverage must pay its normal benefit before the University's secondary coverage may pay any portion of medical bills. I further understand that the secondary insurance provided by the Athletic Department will not pay any portion of such medical bills until they receive an itemized bill showing that the primary insurance has covered its financial responsibility and proof that this the injury occurred during a university sanctioned athletic event (practice and/or competition) under the supervision of a CSUSM coach.

**Please note: It is the student-athlete's responsibility to notify the Head Athletic Trainer immediately if there is a change in your Primary Health Insurance coverage or current medical condition.**

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the Athletic Medicine Team and the University from all liability, (b) waiver of my right to sue the Athletic Medicine Team and the University, (c) and assumption of all risks of participating in this sport, including travel to and from practice and/or competition.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I also give my consent to the Athletics Training Staff, Team Physicians, and Student Health Center staff of CSU San Marcos permission to seek and/or initiate treatment for emergency medical treatment, hospitalization, or any other medical treatment as may be necessary for my welfare.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of the Athletic Medicine Team and the University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in this sport, including travel to and from practice and/or competition.** I allow Participant to participate in this sport and give my consent for the athletic medicine staff, team doctors, and student health center staff to seek and or initiate treatment for emergency medical conditions. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Participant's Name

**Medical History Questionnaire for New Student-Athletes**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Sport: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date: \_\_\_\_\_

	Yes	No		Yes	No
1. Are you currently under a doctor's care for any reason?			17. Have you had any problems with eyes or vision?		
2. Have you ever been hospitalized?			18. Do you wear glasses or contacts or protective eyewear?		
3. Have you ever had surgery?			19. Do you use any special equipment? (splints, neck rolls, mouth guards, etc.)		
4. Are you currently taking any prescription medications and/or supplements?			20. Has anyone in your family died of a heart problem or sudden death before the age of 50?		
5. Do you have any allergies? (Medications, bee stings, etc.)			21. Do you have only one working organ of usually paired organs? (only one eye, kidney, etc.)		
6. Have you ever been dizzy or fainted during or after exercise?			22. Have you ever sprained, broken, dislocated, or had repeated swelling or pain of any bones or joints?		
7. Have you ever had chest pain during or after exercise?			23. Have you had any medical problems or injuries? (asthma, mono, diabetes, etc.)		
8. Have you ever had high blood pressure?			24. Have you ever used an inhaler or taken any asthma medications?		
9. Have you ever been told you have a heart murmur?			25. Any special instructions or precautions?		
10. Have you ever had a racing heart or skipped heartbeats?			26. When was your last tetanus shot? _____		
11. Have you ever had a head injury?			27. Do you feel your emotional responses to situations have ever interfered with your athletic or competitive performance?		
12. Have you ever been knocked out or unconscious?			28. Have you ever had difficulty balancing the demands on your time?		
13. Have you ever had a seizure?			29. Are you happy with your weight?		
14. Have you ever had a stinger, burner, or pinched nerve?			29. Has anyone recommended to you that you change your weight or eating habits?		
15. Have you ever been dizzy or passed out due to the heat?			30. Has a doctor ever denied or restricted your participation in sports for any reason?		
16. Do you have trouble breathing during or after exercise?					
31. Have you ever had a bone/joint injury that required X-ray <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Surgery <input type="checkbox"/> Injections <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Brace <input type="checkbox"/> Cast <input type="checkbox"/> Crutches <input type="checkbox"/>					
32. Are any of these bothering you currently? Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Shoulder <input type="checkbox"/> Back <input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Foot <input type="checkbox"/>					
33. (Women only) Date of first menstrual period? _____ When was your last menstrual period? _____ When was the longest period of time between your periods during last year? _____					

Explain all "YES" answers by question number and indicate dates for each item (include any special instructions): \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the answers to the above health questionnaire are true.  
(print name)

Signature \_\_\_\_\_ Parent/Guardian Signature (If under 18) \_\_\_\_\_

(Student Athlete)

**The California State University**

Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles • Maritime Academy • Monterey Bay  
• Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**Pre-Participatory Physical Screening**

Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	Satisfactory			Comments
	YES	NO	NE	
Height				
Weight				
BP ____/____				
General				
Head				
Vision				
ENT				
Dental				
Chest				
Heart				
Abdomen				
Genitalia				
Skin				
Ortho				
Flex/Strength				

**While this does not constitute a complete physical nor replace the need for a periodic health evaluation by a family physician, this individual appears to be physically capable of participation in intercollegiate sports as of this date, except as indicated below.**

- Cleared for sport without restrictions
- Cleared with the following restrictions: \_\_\_\_\_
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- Not Cleared Reason: \_\_\_\_\_

Comments/Recommendations: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Physician's Stamp:

**The California State University**

Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles • Maritime Academy • Monterey Bay  
• Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus