

**Bemidji State University
Athletic Department
Walk-On/Try-out Medical Authorization Form**

Tryout Date: _____ Location: _____

Name: _____ Sport: _____
 Last First MI

DOB: ___ / ___ / ___ SSN: _____ - _____ - _____

Local Address: _____

Phone #: _____ (Local/Cell) Email: _____

Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Have you had a medical examination administered by a physician within the last 6 months?
Yes _____ No _____ (A copy of that medical exam along with this form must be on file
before any try-out occurs)

Please provide information on any past injuries/illnesses and provide approximate dates for each.

Strains/Sprains: _____

Concussion: _____

Fractures: _____

Surgeries: _____

Illnesses/Medical Conditions: _____

Insurance Information (A copy of your insurance card must be turned in with this form):

Insurance Company: _____

Policy Holder: _____

Group#: _____ ID#: _____

Release and Hold Harmless Agreement

I, _____, hereby waive and release any and all costs, damage,
Print Full Name
future claims, rights, and course of action occurring in my favor as a result of personal injuries or property loss while participating, in a try-out, against Bemidji State University, and/or any members, officials, and/or authorized agents.

I have read and fully understand the above, I certify that all information provided above is true and correct, and freely sign this Release and Hold Harmless Agreement.

Signature: _____ Date: _____
Signature: _____ Date: _____

Parent's Signature if Student is under 18

Please obtain the following signatures in order of appearance:

Head Coach: _____ Date: _____

Athletic Trainer: _____ Date: _____

Associate AD: _____ Date: _____

Please turn this form into the Associate AD once completed. The Associate AD will notify the sport when the student-athlete is permitted to practice.

For Associate AD use only:

Full-Time Enrollment: _____ NCAA Paperwork: _____

Initial Eligibility: _____ Transfer: _____

Amateurism: _____

Bemidji State University

Sickle Cell Trait Form for NCAA Intercollegiate Athletics

About Sickle Cell Trait

- Sickle cell trait is an inherited condition affecting the oxygen-carrying substance, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition (> three million Americans)
- Although Sickle cell trait occurs most commonly in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ethnicities may test positive for this condition.
- Unlike persons with actual sickle cell disease, those with sickle cell trait usually have no symptoms or any significant health problems. However, sometimes during very intense, sustained physical activity, as can occur with collegiate sports, certain dangerous conditions can develop in those with sickle cell trait, leading to blood vessel and organ (kidneys, muscles, heart) damage that can cause sudden collapse and death. Some of the settings in which this can occur include timed runs, all out exertion of any type for 2 to 3 continuous minutes without a rest period, intense drills and other bursts of exercise after doing prolonged conditioning training. Extreme heat and dehydration increase the risks.

Sickle Cell Trait Testing

The **NCAA recommends** that all student-athletes have knowledge of their sickle cell trait status. Athletes have the following options: 1) show proof of sickle cell testing done at birth; 2) consent to a blood test to check for the sickle cell trait; or 3) sign a waiver declining options 1 and 2. **Whichever option is chosen, it must be completed before the student-athlete participates in any intercollegiate athletic event, including strength and conditioning sessions, try-outs, practices, or competitions.**

- Athletes who are positive for the trait will not be prohibited from participating in intercollegiate athletics.

1.) Copy of student athlete's newborn sickle cell testing result attached. _____ Date: _____

2.) Copy of recent sickle cell screening test result attached. _____ Date: _____

3.) SICKLE CELL TESTING WAIVER:

I, _____, understand and acknowledge that the NCAA recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts and the University policy about sickle cell trait and sickle cell trait testing. Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the Bemidji State University Department of Athletics. I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Minnesota, the University, its officers, employees, agents and their successors and assigns from any and all costs, claims, damages or expenses, including attorney's fees, arising from any loss or personal injury that might result from my refusal to be tested.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

BSU ID #: _____

SPORT: _____

Student-Athlete's Signature

Student-Athlete's Print Name Date

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

Parent/Guardian's Print Name Date

Witness Signature

Date