



**CHAPARRALS  
ATHLETIC TRAINING**

## **College of DuPage**

Athletic Department  
425 Fawell Blvd.  
Glen Ellyn, IL  
(630) 942-2365

### **Intercollegiate Athletics Eligibility Packet**

All of the attached forms must be completed and returned to the Athletic Trainers or your Head Coach.

You are not eligible to participate until you have:

- 1) Submitted all completed forms enclosed in the Intercollegiate Athletics Eligibility Packet
- 2) Submitted a copy of your high school transcript or a copy of your diploma (1<sup>st</sup> year athletes only)
- 3) Submitted an official copy of your transcript(s) from any other college(s) you may have attended
- 4) Met all academic eligibility requirements



Dear COD Student-Athlete and Parents,

Prior to your participation in Intercollegiate Athletics the enclosed forms must be completed. Please return these forms as soon as possible to the Athletic Training Room (PE 121). All information is confidential as part of your medical record and will aid the COD Athletic Training Staff in providing the best possible care.

Student-athlete **will not** participate until all forms are returned completed.

Before being cleared to participate each student-athlete must undergo a Pre-participation Physical Evaluation by a **Licensed Physician (MD or DO)**. Please complete these forms without leaving blanks:

1. Physicians Offices (White)
  - These offices provide Physical Examinations, but you may use any Licensed Physician (MD, DO), Nurse Practitioner (NP) or Physician Assistant (PA)
2. NJCAA Eligibility Affidavit (White)
  - This form determines your eligibility
3. Student-Athlete Code of Conduct (White)
  - Expectations of COD student-athletes.
4. Medical Emergency and Insurance / Release of Information (Pink / Form 1 of 4)
  - The front of this form permits COD Athletic Trainers to discuss, release, receive, and share medically pertinent information with physicians, hospitals, and insurance companies
  - The back of this form provides emergency information, emergency contacts, and insurance information about the student-athlete for use after an injury
5. Assumption of Risk and Responsibility and Acknowledgements (Yellow / Form 2 of 4)
  - The front of this form acknowledges some risks a student-athlete voluntarily accepts when competing in Intercollegiate Athletics
  - The back of this form discusses additional protocols a student-athlete must be aware of prior to participating in Intercollegiate Athletics
6. Health History / Pre-Participation Physical Examination (Blue / Form 3 of 4)
  - The front of this form supplies Physicians and the Athletic Training Staff with a current medical history
  - **The back of this form must be completed by a Licensed Physician (MD or DO only), Physician Assistant or Nurse Practitioner.** Physical Examinations from all other providers will not be accepted
  - This form must be dated **after June 1** for the upcoming Academic Year. Student-Athletes obtaining Physicals for the Spring season must have another examination after June 1 for the Fall season
7. Medical Emergency and Insurance/ Release of Information – For Insurance Company (Green / Form 4 of 4)
  - The front of this form is all information on the athlete and parents that the insurance company needs
  - The front of this form permits the insurance company to discuss, release, receive, and share medically pertinent information with physicians, hospitals, and insurance companies

**Incomplete forms, or forms with blanks, will not be accepted. Falsifying forms, including but not limited to: withholding information, not answering questions truthfully, or signing a physician's name is illegal and may result in dismissal from team, dismissal from College of DuPage, and/or legal charges against the student-athlete.**

**Please note student-athletes will not be cleared to participate at COD until all forms have been completed and received and reviewed by the Athletic Trainers. Thank you in advance for taking time to complete each the requested forms completely.**

## Athletic Insurance

COD's accidental insurance policy is considered "SECONDARY" to any personal family medical insurance and covers only accidental injuries resulting from the direct participation in the Intercollegiate Athletics program during the dates of official activities within the calendar dates set by the NJCAA. Any claims must be first filed with the group insurance company providing coverage. Only after all available benefits have been exhausted will the College of DuPage's insurance carrier consider payment for any remaining balance. Remaining medical bills must be submitted to the Athletic Trainers within 30 days of receipt.

College of DuPage has fostered positive relationships with many medical providers in the area who have consistently provided high quality service to COD student-athletes. COD Athletic Trainers refer student-athletes to these providers, unless extenuating circumstances necessitate a different provider.

All student-athletes must be seen and evaluated by a COD Certified Athletic Trainer before a referral to a physician will be made. **If a student-athlete decides to see a physician/medical consultant, and/or undergoes a diagnostic test without prior authorization/referral from a member of the COD Athletic Training staff, the student-athlete and/or the student-athlete's parent(s)/guardian(s) will be financially responsible for any and all medical bills incurred.**

In the event that a student-athlete should receive a bill/statement for an injury occurring as a direct result of participation in Intercollegiate Athletics at COD, the student-athlete must submit: 1) the bill/statement **and** 2) Explanation of Benefits (EOB) to his/her certified athletic trainer within 30 days. **Bills received after 30 business days will be the responsibility of the student-athlete and/or the student athlete's parent(s)/guardian(s).**

Submit all correspondence to:

College of DuPage  
Athletic Training  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
(630) 942-3780 - FAX

If you should have any questions please feel free to contact us.

Thank you,

Gretchen Daumen, MS, ATC  
(630) 942-2346  
trainerdaumen@cod.edu

Michelle Helberg, ATC, EMT-B  
(630) 942-2345  
trainerlewandowski@cod.edu

## Locations for Physical Exams

To aid student-athletes obtain Pre-Participation Physical Examinations this sheet provides names, numbers, and directions to local physicians. These physicians are not affiliated with COD but have provided our Student-Athletes with Pre-Participation Physical Examinations in the past.

A Student-Athlete may have the evaluation performed by their own physician. You are not restricted to those listed on this page. The examination, however, **MUST BE PERFORMED BY A LICENSED PHYSICIAN (MD or DO), Physician Assistant (PA), or Nurse Practitioner (NP) and must be unrelated to the student-athlete.** A COD Pre-participation Physical Examination may not be performed by a Chiropractor, or another provider, as these exams **will not be accepted.**

### You are responsible for:

1. Calling the Physician's office for an appointment, if an appointment is necessary.
2. Taking the exam sheet to the doctor's office for the physician to complete.
3. Paying the Physician's office at time of appointment!
4. Returning the all completed forms to the Athletic Training Room (PE 121).

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\*\*\*\*\*  
\*\*\*\*\*

Dr. Richard Joseph  
1000 E. Ogden Ave.  
Naperville, IL 60563

(630) 717-8200

Cost is \$25\* Appointment is necessary.

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\*\*\*\*\*  
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Advanced Occupational Medicine Specialists

Dr. Raj Khanna,  
2615 W. Harrison St.  
Bellwood, IL 60104  
(708) 493-0299

Cost is \$35\*  
Appointments are recommended but not necessary.

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\*\*\*\*\*  
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Danada Convenient Care

7 Blanchard Cir.  
Suite 102  
Wheaton, IL 60187  
(630) 682-0500

Cost is \$25\*

## COLLEGE OF DuPAGE STUDENT-ATHLETE CODE OF CONDUCT

It is a fundamental belief of the NJCAA and College of DuPage that athletic participation is a privilege. **Directions from COD (6 miles, 11 minutes)** Student-athletes from the College of DuPage are held South on Park Blvd or Lambert Rd. Standards higher than the general student Right onto Butterfield Rd.

College of DuPage Student-Athlete Code of Conduct  
August 29, 2007



population to Naperville. The code of conduct outlines the rights and responsibilities of the privilege of participating in competitive programs.

The basic principles of the College of DuPage Athletic Department stand for the highest ideals in sportsmanship. One of the primary objectives of competition is to develop and foster respect for fellow participants. **Directions from COD (6 miles, 11 minutes)** With this in mind, it is fundamental to the conference of the athletic, sponsored by the NJCAA that the rights of the majority shall not be jeopardized by the actions of a few. **Directions from COD (6 miles, 11 minutes)**

**CODE OF CONDUCT**  
Ramp (right) 25<sup>th</sup> St NORTH, Exit 18B  
The Division of Harrison College of DuPage Athletic Department is to:

- ▶ Create an environment which maximizes the academic, social, and athletic potential of each student-athlete.
- ▶ **Directions from COD (2 Miles, 6 minutes)** Promote an athletic experience which reflects good sportsmanship, integrity and ethical standards. Right onto Butterfield Rd.
- ▶ Right onto Naperville Rd  
Educate student-athletes to be aware that fair play and enthusiastic effort are as important as winning.
- ▶ Provide the most enjoyable athletic entertainment for our fans.

Student-athletes shall recognize their responsibility for proper conduct at any contest, tournament, or event sponsored by the College of DuPage or other institutions.

## SPORTSMANSHIP

Certain standards of behavior are expected of all student-athletes and team personnel participating in any College of DuPage contest. Student-athletes are guests at any event; their participation is a privilege, not a right.

Sportsmanship and citizenship are modes of conduct that promote and develop respect for fellow participants, coaches, and teammates. That respect should also be reflected in each student-athlete's behavior toward opponents, officials, and spectators.

#### **Violent unsportsmanlike Behavior**

Acts of violence during or related to an athletic contest are not permitted. A violent act is one in which physical contact or an attempt to make physical contact occurs, the purpose of which is to damage, harm, intimidate, or otherwise injure a person or property.

#### ***Penalty for Violent Unsportsmanlike Behavior***

Any player, coach, or team personnel who is guilty of leaving his/her sideline, bench, or position to participate in violent behavior will be considered a responsible party in such behavior and will be subject to the national fight rule governing their respective sport. Should no such rule exist in the individual sport rulebook, individuals will be subject to the following:

1. Immediate ejection.
2. A two game suspension to be served during the next scheduled contest during the regular season and/or post season play. Suspension of a student-athlete occurring at the end of the season shall carry over to the next academic year and will be served during the first scheduled contest of the year. While serving a suspension, the student-athlete will not be allowed to dress in team uniform.
3. Should an individual be ejected for violence a second time during a given season, that individual shall be prohibited from participating in any Interscholastic Athletics for the remainder of the academic year.

#### **Non-Violent Unsportsmanlike Behavior**

Non-violent unsportsmanlike behavior during or related to any College of DuPage event is prohibited. This behavior includes profanity, vulgar gestures, trash talk and loud or abusive language directed at players, coaches, contest officials and/or spectators.

#### ***Penalty for Non-Violent Unsportsmanlike Behavior***

Any player, coach or team personnel guilty of non-violent unsportsmanlike behavior is subject to the national rules governing their sport. Should no such rule exist in the individual sport rulebook, individuals will be subject to the following:

1. Immediate ejection.
2. A one game suspension to be served during the next scheduled contest during the regular season and/or post season play.

Suspension of student-athletes or coaches occurring at the end of the season shall carry over to the next academic year and will be served during the first scheduled contest of the year. While serving a suspension, the student-athlete will not be allowed to dress in team uniform.

College of DuPage will adhere to all sportsmanship policies as outlined in Article XVII in the NCJAA Handbook

#### **BEHAVIOR RULES**

Inappropriate and unacceptable behavior by student-athletes will not be tolerated before, during, or after contests; at the hotel or in public while representing the College of DuPage.

Unacceptable forms of behavior include but are not limited to:

1. Fighting
2. Taunting
3. Inappropriate celebration
4. Disrespectful attitude toward opponents, officials, and site administrators
5. Use of profane and vulgar language
6. Use of tobacco and/or alcohol
7. Disrespectful attitude towards host hotel personnel
8. Unlawful activities

Engaging in any of these behaviors may result in losing your privilege to participate in athletics at College of DuPage.

The Athletic Department has more specific policies in the following areas:

#### **DRUGS**

The College of DuPage Athletic Department prohibits the use and/or possession and/or distribution of drugs by any student-athlete

#### ***Penalty for violation of the drug policy:***

A first offense will result in 20% suspension of the total regular season schedule.  
If a second violation occurs, the student-athlete is declared permanently ineligible for all athletic teams at College of DuPage.

**The College of DuPage has the right to conduct drug testing of its student-athletes.**

#### **ALCOHOL/TOBACCO**

The College of DuPage Athletic Department prohibits the use of alcohol/tobacco by any student-athlete.



Student-athletes and student workers in the Athletic Department shall not provide alcohol/tobacco to an underage recruit or student.

***Penalty for violation of the alcohol/tobacco policy:***  
Any violation of the above shall result in disciplinary action by the College of DuPage Athletic Department. Penalties can range from suspension to expulsion from the Athletic Program.

Student-athletes who are found using any prohibited substances, including but not exclusive to: drugs / alcohol / tobacco on an "official team activity" including intercollegiate athletic events/ training/spring break/road trips, and special events representing the College of DuPage on or off campus face complete expulsion from the athletic program.

#### **SEXUAL HARASSMENT POLICY**

The College of DuPage Athletic Department will not tolerate harassment based on race, color, religion, sex, age, marital status, national origin, sexual orientation, or disability. Such harassment can include unwelcome sexual advances or requests for sexual favors or it may consist of other offensive verbal or physical conduct that is directed at another person because of that person's race, color, religion, sex, age, marital status, national origin, sexual orientation, or disability. Harassment can include offensive comments, language, jokes, cartoons, innuendo, pictures, or other conduct or objectivity offensive manner and can also include such materials transmitted via e-mail or accessed on the internet.

#### **HAZING POLICY**

College of DuPage defines hazing as any action taken or situation created, either intentionally or unintentionally, on or off campus, to produce physical discomfort, embarrassment, ridicule, or

possible physical harm or injury as a requirement for belonging to the group. The Athletics Department has a **ZERO TOLERANCE** policy regarding hazing. Individuals involved in a hazing incident will be removed from the team for the current season and may face the College Judicial Board.

#### **FIREARM POLICY**

Guns or any type of firearms are prohibited from all campus property. This includes any replica guns such as BB guns and paintball guns. Student-athletes who are found to be in possession of any type of firearm will face disciplinary action from the College.

#### **DISCIPLINARY ACTION**

Violations of the **CODE OF CONDUCT** policies will be subject to disciplinary action by the coach, Athletics Department, and the College. Violations may affect your eligibility.

Student-athletes may appeal any penalties that are handed out as a result of a violation of the Code of Conduct.

If the penalty is handed down by a coach, the Director of Athletics will hear the appeal. If the penalty is handed down by the Athletics Department, a Board of Appeals will be convened, made up of three members of the College not affiliated with the Athletics Department.



# NJCAA ELIGIBILITY AFFIDAVIT



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

*Fill in all applicable information on this form to assist in determining eligibility for the NJCAA.*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID #: \_\_\_\_\_  
(First, Middle, Last)

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a United States Citizen or a Permanent Resident\*? Yes \_\_\_\_\_ No \_\_\_\_\_ (\*Holder of a Green Card or F1 VISA)

Are you on another type of VISA? Yes \_\_\_\_\_ No \_\_\_\_\_ - \_\_\_\_\_ If so, what type? \_\_\_\_\_

## **HIGH SCHOOL INFORMATION:**

Name of high school: \_\_\_\_\_ City & State: \_\_\_\_\_

Graduated?: Yes\* \_\_\_\_\_ No \_\_\_\_\_ High School Graduation Date (month/year): \_\_\_\_/\_\_\_\_

Check here if you have earned a GED\*: \_\_\_\_\_ GED: Date Earned (month/year): \_\_\_\_/\_\_\_\_

**\*Provide a COPY of your High School Diploma or GED Certificate**

## **ADDITIONAL INFORMATION:**

1. Did you take any college credit classes while in high school? Yes\* \_\_\_\_\_ No \_\_\_\_\_

If yes, from what college(s): \_\_\_\_\_

2. Have you ever signed a Letter of Intent form with any institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify the College: \_\_\_\_\_ Date (month/year): \_\_\_\_/\_\_\_\_

3. Have you ever participated in a sport in a country other than the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the situation and complete the following: \_\_\_\_\_

\_\_\_\_\_

Sport(s): \_\_\_\_\_ Country: \_\_\_\_\_ Dates: \_\_\_\_\_

4. Have you ever participated in practices/tryouts/exhibitions/scrimmages/games for an intercollegiate team other than this college? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name the school, date, sport, and describe the situation.

\_\_\_\_\_

\_\_\_\_\_

5. Have you ever played on a club team at a college or university? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name the school, sport and the dates.

\_\_\_\_\_

6. Have you ever received money beyond expenses for participating in any athletic event? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the situation.

\_\_\_\_\_

\_\_\_\_\_

**List ALL Colleges Attended Full-Time and/or Part-Time after High School**

Transcripts from all previous institutions must be submitted.

**College**

From: (month/year) To: (month/year)

\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ Full-Time or Part-Time (circle one)

\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ Full-Time or Part-Time (circle one)

\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ Full-Time or Part-Time (circle one)

**Additional Explanations:**

**NOTE:** If you attended college part-time or were not attending at all for any periods of time following high school graduation, please document your employment and/or military history during those times. If you were unemployed at any time, please list those dates as well. The NJCAA requires that we account for any time not enrolled full-time. Please use the space below:

**Employer**

**city and state**

From: (month/year)

To: (month/year)

\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

**Unemployed**

\_\_\_\_\_ /\_\_\_\_\_

\_\_\_\_\_ /\_\_\_\_\_

\_\_\_\_\_ /\_\_\_\_\_

\_\_\_\_\_ /\_\_\_\_\_

**Military Service**

**Branch:** \_\_\_\_\_

\_\_\_\_\_ /\_\_\_\_\_

\_\_\_\_\_ /\_\_\_\_\_

**I understand that information falsified or omitted can make me ineligible for ALL future college competition in compliance with the National Junior College Athletic Association Eligibility Rules.**

Student-athlete signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please print with BLACK INK only

Forms with blanks will not be accepted

Sport(s) \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student-Athlete's Name: \_\_\_\_\_

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

Sex:  Male  Female

**Past Medical History**

- 1. Have you ever been told you have a heart condition or heart murmur?  YES  NO
- Have you been told you have high blood pressure?  YES  NO
- Has anyone in your family died suddenly before age 50?  YES  NO  
(including grandparents, aunts, uncles, cousins)

**Physician Notes:**

- 2. Have you ever had any of the following problems during or after exercising?

**Physician Notes:**

- Passing out  YES  NO
- Asthma attacks  YES  NO
- Light headedness/dizziness  YES  NO
- Unusual racing heart or skipping heartbeats  YES  NO

- Excessive chest pain  YES  NO
- Excessive coughing  YES  NO
- Extreme shortness of breath  YES  NO
- Do you get tired more quickly than your friends  YES  NO

- 3. INJURIES: have you ever had:

- Concussion/knocked out  YES  NO
- Neck pain/injury  YES  NO
- Muscle injury  YES  NO
- Joint Sprains  YES  NO
- Broken bone  YES  NO
- Hernia  YES  NO
- Back pain/injury  YES  NO
- Dislocations  YES  NO
- Any current pain/problems  YES  NO

- 4. MEDICAL: Have you ever had:

- Heat stroke/heat exhaustion  YES  NO
- Asthma  YES  NO
- Diabetes  YES  NO
- Mononucleosis  YES  NO
- Bleeding problems  YES  NO
- Menstrual problems  YES  NO
- Seizures  YES  NO
- Allergies  YES  NO

Other: \_\_\_\_\_

- 5. In the past 2 years have you been disqualified or not able to participate in sports due to injury or sickness?  NO

YES Explain: \_\_\_\_\_  
\_\_\_\_\_

- 6. Do you have any conditions requiring consistent medication?  NO

YES Explain: \_\_\_\_\_

- 7. List ALL medicines, supplements, energy drinks, and vitamins you take on a regular basis.

\_\_\_\_\_

- 8. Do you worry about your weight?  YES  NO
- 9. Do you avoid eating meat?  YES  NO
- 10. Do you avoid eating dairy foods?  YES  NO

- 11. Do you have loss/impaired function of paired organs?  NO
- YES →  Kidney  Ovary  Testicle
- Eye  Ear  Lung

**12. FEMALES ONLY**

When was your first menstrual period? \_\_\_\_\_  
 How many days do you typically have from the end of one period to the start of another? \_\_\_\_\_

When was your most recent period? \_\_\_\_\_  
 How many periods have you had in the past year? \_\_\_\_\_  
 What was the longest time between periods? \_\_\_\_\_

The above information is correct: \_\_\_\_\_ Date \_\_\_\_\_  
Student-athlete's signature

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Required if student-athlete is under 18 years of age)

**PHYSICAL EXAMINATION  
TO BE COMPLETED BY A MD, DO, PA, OR NP**

Forms completed by other practitioners will not be accepted

Student-Athlete's Name: \_\_\_\_\_

Forms with blanks will not be accepted

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Visual Acuity L \_\_\_\_\_ R \_\_\_\_\_

Wearing Contacts / Glasses  Yes  No

Medical Examination	OK	PROBLEM	COMMENT
Skin & Scalp			
Head & Neck			
Eyes/Fundus			
Ears, Nose, Throat			
Lymphatics			
Dental			
Thorax			
Lungs			
Heart: Pericardial activity			
Standing / Supine			
Murmur			
Pulse (Brachial / Femoral)			
Abdomen			
Hernia			
Genitalia			

Orthopedic Examination	OK	PROBLEM	COMMENT
Neck & Shoulder			
Elbow, Hand & Wrist			
Back			
Knee			
Ankle			
Feet			
Flexibility			
Other			
Neurologic			
Marfan's Stigmata			

REFERRAL OR f/u PLAN:  ATC  MD / DIAGNOSTIC TESTS: \_\_\_\_\_  
 LAB  MEDICAL RECORDS re: \_\_\_\_\_  
 X-RAY  OTHER: \_\_\_\_\_

**CLEARANCE**

- Full Unlimited Participation
- No Athletic Participation Reason: \_\_\_\_\_
- Limited Participation; Restrictions: \_\_\_\_\_
- Clearance Withheld Until: \_\_\_\_\_

**If clearance is restricted please  
fax copy of form to:  
COD Athletic Training  
(630) 942-3780**

Physician's Name Printed: \_\_\_\_\_ MD DO PA NP

**Examination must be  
performed by or signed off  
by MD / DO/ PA/ NP**

Clinic Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic stamp must be placed here

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Complete with BLACK INK only**

Student-Athlete: \_\_\_\_\_  
(Please print)

Sport(s): \_\_\_\_\_

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

College of DuPage endeavors to conduct its athletic programs in a manner consistent with the highest safety standards. However, Intercollegiate Athletics by their very nature involve the risk of personal injury which in some cases may be serious or even catastrophic. Therefore, as a willing participant in any college athletic program, there is personal assumption of risk on the part of student-athletes. Participating in Intercollegiate Athletics at College of DuPage including training and traveling may result in injury/illness, permanent physical or mental impairment, or even death.

In the absence of gross negligence, I agree to assume all risks in participating in Intercollegiate Athletics that may cause me personal, or bodily injury, medical costs, death, and other consequential losses that may arise during my training, traveling, or participation.

I understand that College of DuPage cannot be held responsible for any injuries or conditions which may be caused by the actions of third parties, other student-athletes, other teams, or myself, and agree not to litigate against the State of Illinois, College of DuPage, the Board of Trustees of College of DuPage, and all employees and agents of the Athletic Department, to include coaches, athletic trainers, strength/conditioning coaches, physicians, nurses, or administrators (collectively "Personnel"), from all claims related to any loss, injury, or expenses I may sustain.

I declare and certify that to the best of my knowledge I am physically fit and have trained sufficiently for the level of activity required for intercollegiate competition. I understand College of DuPage and its Personnel cannot be held responsible for any pre-existing medical condition(s) I may have.

Upon experiencing an injury/illness or change in my health status it is my responsibility to inform my Head Coach and Athletic Trainer, and to adhere to the established protocols which include exercise rehabilitation, reconditioning, and reassessments before being allowed to return to full participation.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required if student-athlete is under 18 years of age)

\_\_\_\_\_  
Date

As additionally to my being permitted to participate, I also agree as follows:

1. Student-Athletes are provided "Secondary" athletic insurance. There are, however, limitations to this coverage:
  - a. Student-athletes must be enrolled as Full-Time Students, currently enrolled in 12 credit hours or more.
  - b. Student-athletes must have received evaluation, treatment, and rehabilitation from a COD Athletic Trainer.
  - c. Some injuries or conditions (i.e. overuse, repetitive motion, etc.) may not be covered.
  - d. Only necessary expenses which are not covered by any other medical insurance are covered. The College's insurance provides "excess" coverage over a student-athlete's primary medical insurance.
  - e. Medical bills must be submitted to the College of DuPage Athletic Trainers within 30 days or the student-athlete assumes financially responsible for those charges.
  - f. The athletic insurance policy provides payment for usual, customary, and reasonable charges incurred within 1 calendar year following the date of injury.
  - g. The athletic insurance applies only to accidental injuries sustained during direct participation in an Intercollegiate Athletics program during the dates specified by the National Junior College Athletic Association, including training, participation, and supervised travel pertaining to such activities.
  - h. The athletic insurance does not provide coverage for: sickness or disease in any form; medical or hospital expenses to treat an illness or injury that is not a result of practice or participation in Intercollegiate Athletics at College of DuPage.
  - i. Injuries sustained in Physical Education classes are not covered by the Athletic Department. If additional coverage is desired for sickness/disease, or for coverage outside of Intercollegiate Athletics, supplemental insurance may be purchased for an inexpensive cost. Health Services (IC 2001) and Athletic Trainers (PE 121) have this information.
2. As is the case with all medical insurance, certain costs are not covered under this insurance policy. Any costs not covered as a result of policy exclusions must be borne by the student-athletes.
3. Passing a physical examination does not necessarily mean a student-athlete is physically capable to participate in Intercollegiate Athletics at College of DuPage, but only that the physician did not find a reason to medically disqualify a student-athlete during the physical examination.
4. Student-athletes are responsible for his/her-own physical well-being and must accurately report any injury in a timely manner to the COD Athletic Training Staff and/or Head Coach. Student-athletes will follow the guidelines established by the Athletic Training Staff for rehabilitation from any injury.
5. Student-athletes should refrain from practice or play while under a physician's care until being discharged from treatment and given a written permit by the attending physician to resume participation.
6. Student-athletes hereby grant the athletic trainers, team physicians, technicians, and consultants of College of DuPage to render any emergency, medical, surgical, therapeutic, or other care that might be deemed necessary to insure proper care of any injury/illness, and to maintain health and well being. In the absence of the team or authorized physician, permission is granted to a qualified physician or athletic trainer to furnish emergency care using established guidelines. Also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS

**Complete with Black Ink Only**

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required if student-athlete is under 18 years of age)

\_\_\_\_\_  
Date

Complete with **BLACK INK** only

Forms with blanks will not be accepted

Student-Athlete: \_\_\_\_\_  
(Please print)

Sport(s): \_\_\_\_\_

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

**Authorization for release of Medical Records**

I authorize College of DuPage Athletic Training to share the necessary personally identifiable information from my education record to a third party regarding (i) past, present, or future injuries/illnesses related to my participation in Intercollegiate Athletics, (ii) information within my medical record unrelated to my participation in Intercollegiate Athletics, and (iii) information concerning my medical status, medical conditions, injuries, prognosis, diagnosis, drug tests, and other documentation and information regarding my health (collectively, "Medical Records").

I authorize College of DuPage Athletic Training to release my Medical Records to any and all of the following individuals and entities: my parents or legal guardians, my spouse, coaches, counselors, physicians, physicians' representatives, and insurance providers.

**Authorization to Obtain Medical Records**

I authorize College of DuPage Athletic Training to obtain my Medical Records from my family members, legal guardians, counselors, coaches, physicians, physicians' representatives, insurance providers, counselors, and health care providers regarding injuries, conditions, medical claims, treatments, payments, drug testing, or any related matters.

**Such disclosures shall be made only to:**

College of DuPage  
Athletics Training  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
(630) 942-3780 – SECURE FAX

I absolve the Board of Trustees of College of DuPage together with its officers and employees, including coaches, athletic trainers, strength/conditioning coaches, and administrators from any legal liability which may arise from the disclosure of this information.

A photostatic copy of this authorization shall be considered as effective and as a valid as the original and will be valid until the Student-Athlete requests its termination. Method of Disclosure: could be any of the following: Mail, Hand Carry, Verbal, Fax

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required if student-athlete is under 18 years of age)

\_\_\_\_\_  
Date





**First Agency, Inc.**  
 5071 West H Avenue  
 Kalamazoo, MI 49009-8501

**PARENT/GUARDIAN/STUDENT INFORMATION FORM**

**RETURN FORM WHEN COMPLETE TO** → Name of College/University \_\_\_\_\_

Attention \_\_\_\_\_

This form is to be completed by the  
 Parents, Guardians or Student.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note: Complete all blanks on this form. Failure to complete all blanks will result in claims processing delays.**  
 If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).

Name of Athlete \_\_\_\_\_ Sport \_\_\_\_\_

Social Security No. or Passport No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

College Address \_\_\_\_\_ College Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FATHER/GUARDIAN INFORMATION**

**MOTHER/GUARDIAN INFORMATION**

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Medical Insurance  
 Company or Plan \_\_\_\_\_

Medical Insurance  
 Company or Plan \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Is this plan an HMO or PPO?  Yes  No

Is this plan an HMO or PPO?  Yes  No

Is pre-authorization required to obtain treatment?  Yes  No

Is pre-authorization required to obtain treatment?  Yes  No

Is a second opinion required before surgery?  Yes  No

Is a second opinion required before surgery?  Yes  No

**PLEASE COMPLETE AUTHORIZATION ON REVERSE SIDE OF THIS FORM**



**First Agency, Inc.**  
5071 West H Avenue  
Kalamazoo, MI 49009-8501

### **AUTHORIZATION - To Permit Use and Disclosure of Health Information**

This Authorization was prepared by First Agency, Inc. for purposes of obtaining information necessary to process a claim for benefits.

Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide First Agency, Inc. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to, mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any affiliated insurance company on previous applications. If this Authorization is for someone other than myself, that individual has given me authority to act on his/her behalf as explained below.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to us at the above address. I understand that a revocation will not be effective to the extent we have relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for benefits. Revocation requests must be sent in writing to the attention of the Claims Supervisor.

I understand that First Agency, Inc. may condition payment of a claim upon my signing this authorization, if the disclosure of information is necessary to determine the level or validity of the claim payment. I also understand, once information is disclosed to us pursuant to this Authorization, the information will remain protected by First Agency, Inc. in accordance with federal or state law.

I understand that I, or my authorized representative, is entitled to receive a copy of this authorization upon request

This Authorization is valid from the date signed for the duration of the claim.

\_\_\_\_\_  
Name of Claimant (please print)

\_\_\_\_\_  
Name of Authorized Representative, or Next of Kin (please print)

\_\_\_\_\_  
Signature of Claimant (if claimant is 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative or Next of Kin

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Authorized Representative or Next of Kin to Claimant