

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. Return affidavit and transcript(s) to the Head Coach and return all other forms to the Athletic Trainers.

You are not eligible to participate until you have:

- 1) Submitted all completed forms enclosed in the Intercollegiate Athletics Eligibility Packet
- 2) Taken baseline ImPACT test (1st/3rd year athletes as instructed by Athletic Trainer)
- 3) Submitted a copy of your official high school transcript
- 4) Submitted an official copy of your transcript(s) from any other college(s) you may have attended to the Head Coach
- 5) 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 108). 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 <u>Licensed Physician (MD or DO)</u>, <u>Nurse Practitioner (NP)</u>, <u>or Physician Assistant (PA)</u>. Please complete these forms <u>without leaving blanks</u>:

- 1. Locations for Physical Exams (White)
 - These offices provide physical examinations, but you may use any licensed physician (MD, DO), nurse practitioner (NP) or physician assistant (PA)
- 2. ImPACT Test (White)
 - Brief description of the ImPACT concussion test
- 3. Student-Athlete Code of Conduct (White)
 - Expectations of COD student-athletes
- 4. NJCAA Eligibility Affidavit (White)
 - This form determines your eligibility
- 5. FERPA Disclosure of Non-Directory Information
 - The purpose of this form is to protect the privacy of student educational records as well as to assist the College of DuPage athletic staff in obtaining transcript(s) for the purpose of sharing with potential athletic recruiters from other collegiate institutions.
- 6. Health History / Pre-Participation Physical Examination (**Blue** / Form 1 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 (PA), or Nurse Practitioner (NP). Physical Exams from all other providers will not be accepted
 - This form must be dated ideally **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. A physical is valid for 13 months from the date it is administered. A student-athlete must always have a valid physical on file in order to practice and/or participate within the NJCAA.
- 7. Assumption of Risk and Responsibility and Hold Harmless Agreement (Yellow / Form 2 of 4)
 - The front of this form acknowledges risks a student-athlete voluntarily accepts when competing.
 - The back of this form discusses additional protocols a student-athlete must be aware of prior to participation.
- 8. Authorization to Release Medical Information / Medical Emergency and Insurance (Pink / Form 3 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.
- 9. Parent/Guardian/Student Information Form / Release of Information For First Agency (Green / From 4 of 4)
 - The front of this form is all information on the student-athlete and parents that First Agency, COD's secondary insurance company, needs.
 - The back 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, withholding information, not answering questions truthfully, or signing a physician's name are 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 of the requested forms.

Athletic Insurance

College of DuPage'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 athlete's primary insurance company providing coverage. Only after all available benefits have been exhausted will the COD's insurance carrier consider payment for any remaining balance. Remaining medical bills must be submitted to the athletic trainers within 60 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. College of DuPage 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.

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 60 days. Bills received after 60 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,

Anne Hinley, ATC (630) 942-2346

trainerhinley@cod.edu

anic Ambry

Nate Smith, ATC (630) 942-2545

trainersmith@cod.edu

Locations for Physical Exams

To aid student-athletes in obtaining a preparticipation physical examinations, this section provides names, numbers, and addresses of local providers. These providers are not affiliated with COD.

A student-athlete may have the evaluation performed by his or her own physician. You are not restricted to those listed on this page. However, the examination 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; 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.
- 3. Payment at time of the appointment.
- 4. Returning all completed forms to the athletic training room (PE 108).

CDH Convenient Care

7 Blanchard Circle Suite 102

Wheaton, IL 60187 (630)-682-0500

Cost is \$50

M-F 7:30a - 8:30p S&S 8a - 6p

CVS Minute Clinic

26W212 Geneva Road Carol Stream, IL 60188 (630)-510-1065 **Cost is \$79** M-F 10a – 7p S&S 9a – 3p **Walgreens Healthcare Clinic**

324 Roosevelt Road Glen Ellyn, IL 60137 (630)-858-2930 **Cost is \$69**

M-F 8a - 7:30p S&S 8:30a - 4:30p

ImPACT Test

The ImPACT test is a computerized test that determines concussive symptoms and measures and interprets visual and oral memory, processing speed, and reaction time. Each incoming student-athlete must perform a baseline test as instructed by the COD athletic trainers. The baseline test aids in the treatment and return-to-play protocols and is repeated every two years (www.impacttest.com).

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. Student-athletes from the College of DuPage are held to standards higher than the general student population. The student-athlete code of conduct outlines the requirements for the privilege of participating in our athletic 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, coaches, officials, and spectators. With this in mind and since it is fundamental to the continuance of the activities sponsored by the NJCAA that the rights of the majority shall not be jeopardized by the actions of a few, this **CODE OF CONDUCT** has been adopted.

The mission of the College of DuPage Athletic Department is to:

**Create an environment which maximizes the academic, social, and athletic potential of each student-athlete.

**Promote an athletic experience which reflects good sportsmanship, integrity and ethical standards.

**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 studentathletes 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.
- If an individual is ejected for violence a second time during a given season, that individual shall be prohibited from participating in any intercollegiate 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.
- 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 studentathletes 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
- 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
- Unlawful activities

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

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, and tobacco on an "official team activity" including intercollegiate athletic events, training, spring brea, /road trips, and special events representing the College of DuPage on or off campus face complete expulsion from the athletic program.

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 unwelcoming

sexual advances or requests for sexual favors. It may consist of other offensive verbal or physical conduct 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.

DICIPLINARY ACTION

Violations of the Code of Conduct policies will be subject to disciplinary action by the coach, athletics department, and 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, the 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 t	this form to assist in determining eligibility for the NJCAA.	
Name:(First, Middle, Last)	Birth Date:/Student ID #:	
Address:(Street Address)		
(Street Address)	(City, State, Zip Code)	
Phone Number: ()	Email Address:	
Are you a United States Citizen or a Perm	nanent Resident*? Yes No (*Holder of a Green Card of	r 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	s while in high school? Yes No	
If yes, from what college(s):		
2. Have you ever signed a Letter of Inten	at form with any institution? Yes No	
If yes, specify the College:	Date (month/year):/	
3. Have you ever participated in a sport in	n a country other than the United States? Yes No	
If yes, describe the situation and comp	plete the following:	
Sport(s):	Country: Dates:	
	es/tryouts/exhibitions/scrimmages/games for an intercollegiate team If yes, name the school, date, sport, and describe the situ	

5. Have you ever played on a club team at and the dates.	a conege of university:		170 II yes, name the ser	_
Have you ever received money beyond exper If yes, describe the situation.	nses for participating in	any athleti	c event? Yes No	_
<u>List ALL Colleges Attended Fu</u> Transcripts from all previou			High School	_
ollege	From: (month/year)	To: (month/y	vear)	
	/	/	Full-Time or Part-Time (circle one	e)
	/	/	Full-Time or Part-Time (circle one	e)
	/	/	Full-Time or Part-Time (circle one	e)
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FERPA Disclosure of Non-Directory Information

The **Family Educational Rights and Privacy Act of 1974**, as amended (FERPA), sets forth requirements designed to protect the privacy of student educational records. These records are directly related to the student and/or maintained by the College or a party acting for College of DuPage. Current or formerly enrolled students are protected under FERPA. See the *Privacy of Student Education Records* flyer for more information.

STUDENT ATHLETE INFORMATION	
Student Name:	Student ID:
RECORDS TO BE RELEASED	
ACADEMIC YEAR:	
Non-Directory Records to be Released: College of DuPage Ti	ranscript
Special Instructions : Transcript to be released to College of DuPage athletic st athletic recruiters from other collegiate institutions. The transcript includes Collegiates.	aff for the purpose of sharing with potential ge of DuPage coursework in all academic
I give my permission to release the non-directory information, listed above duration of the academic year listed above.	, from my educational records for the
Student Signature:	Date:
Signature Witnessed by:	

INTERCOLLEGIATE ATHLETICS HEALTH HISTORY / PRE-PARTICIPATION PHYSICAL EXAMINATION

COLLEGE OF DUPAGE ATHLETIC TRAINING

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	Phy	ysician Notes:			
1. Have you ever been told you have a heart condition or heart murmur? Have you been told you have high blood pressure? Has anyone in your family died suddenly before age 50? (including grandparents, aunts, uncles, cousins)	NO				
2. Have you ever had any of the following problems during or after exercising? Physician Note:	٠.				
Passing out YES NO Asthma attacks YES NO Light headedness/dizziness YES NO Unusual racing heart YES NO or skipping heartbeats			ghing YES NO ness of breath YES NO nd more quickly YES NO		
3. INJURIES: have you ever had: Concussion/knocked out 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 Any current pain/problems YES NO		4. MEDICAL: Have Heat stroke/he Asthma Diabetes Mononucleosis Bleeding probl Menstrual probl Seizures Allergies Other:	YES		
In the past years have you been disqualified or not able to participate in sports due to 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 l					
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	o you have loss/imp	paired function of paire →	ney Ovary Testicle		
How many days do you typically have	n was your most rece many periods have y was the longest time	ou had in the past yea	ar?		
The above information is correct: Student-athlete's signature		Date			
Parent's Signature:		Date			
(Required if student-athlete is under 18 years	of age)	24.0			

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

Student-Athlete's Name: _____ Forms with blanks will not be accepted Forms completed by other practitioners will not be accepted Visual Acuity L___ **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 COMMENT Orthopedic Examination OK **PROBLEM** Neck & Shoulder Elbow, Hand & Wrist Flexibility Neurologic Marfan's Stigmata

REFERRAL OR f/u PLAN:	☐ ATC	MD / DIAGNOSTIC TESTS:
REFERNAL ON I/U FLAIN.		MD/DIAGNOSTIC TESTS.
	☐ LAB	MEDICAL RECORDS re:
	X-RAY	OTHER:

CLEARANCE
Full Unlimited Participation
☐ No Athletic Participation Reason:
Limited Participation; Restrictions:
Clearance Withheld Until:

Physician's Name Printed:

Physician's Signature:

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

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

MD DO PA NP

Date

_ Phone: _____ Clinic Address: Clinic stamp must be placed here

Back Knee Ankle Feet

Other

INTERCOLLEGIATE ATHLETICS ASSUMPTION OF RISK AND RESPONSIBILITY AND HOLD HARMLESS AGREEEMENT

COLLEGE OF DUPAGE ATHLETIC TRAINING

Complete with BLACK INK only

Complete with DLA	lor litr only		
Student-Athlete:			
Sport(s):	(Please print)		
Date of Birth:	Stude	ent ID Number:	
However, Intercolle serious or even ca assumption of risk of	giate Athletics by their very nature involutastrophic. Therefore, as a willing part on the part of student-athletes. Participati	ms in a manner consistent with the highest safety stand live the risk of personal injury which in some cases matricipant in any college athletic program, there is per ting in Intercollegiate Athletics at College of DuPage includysical or mental impairment, or even death.	ay be rsona
•		s in participating in Intercollegiate Athletics that may cause nsequential losses that may arise during my training, trav	
actions of third parti College of DuPage, to include coaches	es, other student-athletes, other teams, o the Board of Trustees of College of DuPa	sible for any injuries or conditions which may be caused to myself, and agree not to litigate against the State of III age, and all employees and agents of the Athletic Depart coaches, physicians, nurses, or administrators (collectionses I may sustain.	linois tment
required for intercol	, ,	hysically fit and have trained sufficiently for the level of a e of DuPage and its Personnel cannot be held responsible.	
Athletic Trainer, an	, ,	status, it is my responsibility to inform my Head Coacles which include exercise rehabilitation, reconditioning tion.	
I HAVE READ, UND	ERSTAND, AND VOLUNTARILY AGREE	E 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 to the following:

- 1. Student-Athletes are provided "Secondary" athletic insurance; however, there are limitations to this coverage:
 - 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 may be 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 60 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 one (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 and participation, 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.
- 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.
- 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 within 24-48 hour 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.
- Student-athletes should follow the instruction of the Athletic Trainer and/or physician while being given treatment for an injury or illness. If the Student-Athlete opts against medical advice from the Athletic Trainer and/or physician, he or she must sign the injury report.
- 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

COLLEGE OF DUPAGE ATHLETIC TRAINING

Complete with BLACK INK only		Forms with blanks will not be accepted	
Student-Athlete:			
Sport(s):	(Please print)	- <u></u>	
Date of Birth:	Stu	ident ID Number:	
record to a third party regarding Athletics, (ii) information within information concerning my me documentation and information relations and the content of	thletic Training to share the rig (i) past, present, or future my medical record unrelated at the status, medical conductive egarding my health (collective thletic Training to release my	necessary personally identifiable information from my education in injuries/illnesses related to my participation in Intercollegiate at to my participation in Intercollegiate Athletics, and (itions, injuries, prognosis, diagnosis, drug tests, and otherly, "Medical Records"). Medical Records to any and all of the following individuals are nes, counselors, physicians, physicians' representatives, and	te ii) er nd
counselors, coaches, physicians	Athletic Training to obtain ms, physicians' representative	y Medical Records from my family members, legal guardiar s, insurance providers, counselors, and health care provide yments, drug testing, or any related matters.	
Such disclosures shall be mad College of DuPage Athletics Training 425 Fawell Blvd. Glen Ellyn, IL 60137 (630) 942-3780 – SECURE I	•		
	5 5	her with its officers and employees, including coaches, athleon any legal liability which may arise from the disclosure of the	
		s effective and as valid as the original and will be valid until the losure could be via mail, hand carry, verbal, or fax	Э
Student-Athlete's Signature		 Date	

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

Date

COLLEGE OF DUPAGE ATHLETIC TRAINING

Forms with blanks will not be accepted

Complete with BLACK INK only

SPORT(S):									
STUDENT-ATHLET	E NAME:						ID#		
CURRENT:	Please print NT:				CELLI	PHONE: ()		
ADDRESS	Street	•	Apt / Unit			OF BIRTH	1		
EMAIL ADDRESS:	City		е	Zip Code					
List any medication	you have allergies to: _								
List any medical cor	nditions and any medica	tions you are curr	ently takir	ng:					
	EMERGENCY CONT	ACT			E	MERGENC	Y CONTACT		
Name				Name					
Relation				Relation					
Home Address	Street	Δη	t/Unit	Home Addres	SS	Street			Apt/Unit
City	Oliect	State	Zip		Citv	Gudet	Sta		Zip
- 4	_)		ĽΙΨ	Home Phone			Sta		ΔIÞ
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• •									
	Street					Street			
Work Phone (_)	State	Zip	Work Phone	City ()		Sta		Zip
				NFORMATION Any Blank					
Policy Holder's Nam	ne			Type of Ir	nsurance-				
•	(Name on Insu			☐ HMO		PPO [Other		
Policy Holder's Date	of Birth /	•				_			.
	/			-					
Policy / ID #				Is preauth	orization i	necessary for	r medical/diagi	nostic serv	ices?
						•)		
	/ Phone # ()				_	\ <u></u>			
I HAVE <u>NO PRIMAF</u>	RY INSURANCE COVE	RAGE X							

First Agency, Inc. 5071 West H Avenue Kalamazoo, MI 49009-85

PARENT/GUARDIAN/STUDENT INFORMATION FORM

5071 West H Avenue Kalamazoo, MI 49009-8501 Phone (269) 381-6630 Fax (269) 381-3055

RETURN FORM WHEN COMPLETE TO	Name of College/University College of DuPage						
	Attentio	on <u>At</u> l	hletic Trainer				
This form is to be completed by the	Addres	s <u>42</u>	5 Fawell Blvd				
Parents, Guardians or Student	City _		Glen Ellyn	State _	IL Zip	60	137
Note: Complete all blanks on this form If information is not applicable							delays.
Name of Athlete							
Date of Birth				Sport			
College Address				Cell Phone	: ()		
Home AddressCity			State	Home Pho			
FATHER/GUARDIAN INFORMATION			MOTHER/GUAR				
Father's Name			Mother's Name				
Date of Birth			Date of Birth				
Address							
Employer			Employer				
Address			Address				
Telephone ()			Telephone ()			
Medical Insurance			Medical Insurance				_
Company or Plan			0 51				
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 re	equired to obtai	n treatment?	P ☐ Yes	□No
Is a second opinion required before surgery?	☐ Yes	☐ No	Is a second opinion	required befo	re surgery?	☐ Yes	□No

PLEASE COMPLETE AUTHORIZATION ON REVERSE SIDE OF THIS FORM



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 the health division of First Agency, Inc. 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 the 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 First Agency, Inc. at the above address. I understand that a revocation will not be effective to the extent First Agency, Inc. has 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 of First Agency, Inc.

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 First Agency, Inc. 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 of Next of Kin

Date

Relationship of Authorized Representative or Next of Kin to Claimant