



Sports Medicine Packet for Returning Students *ONLY*

INSTRUCTIONS:

1. The information in this packet is for **INTERCOLLEGIATE & CLUB SPORT ATHLETICS**. This information is **not** for health services. Please complete all of the enclosed forms. For intercollegiate (varsity) sports, they must be returned to the St. Mary's College of Maryland Department of Athletics and Recreation **by August 1, 2011, regardless of sport**. For club sports, they must be returned to the Office of Student Activities.
2. Please use an ink pen (not a pencil) when completing these forms.
3. Please review page 4, *New Sports Medicine Recommendation for 2011 Academic Year*, page 5 dealing with *hypertrophic cardiomyopathy (HCM)* and pages 6-7 dealing with *exceptions to the banned drugs classes*.
4. A completed sports medicine packet includes the following (please check off before mailing):
 - EMERGENCY INFORMATION SHEET
 - MEDICAL INFORMATION UPDATE - Please review with parent/guardian
 - PRE-PARTICIPATION PHYSICAL EVALUATION SHEET - performed and signed by an MD, DO, CRNP or PA. A physical given by a chiropractor will not be accepted.
 - SIGNATURE PAGES - Please read each statement carefully and sign where appropriate.
Please note that **INTERCOLLEGIATE ATHLETES only need to sign page 1 and the top half of page 2 of the signature pages. Missing parent signature will preclude you from participating**
 - NCAA BANNED DRUGS LIST SIGNATURE - Please review list with your physician if you are currently taking any prescription medication. Read note on bottom of banned list and discuss with your physician.
 - COPY OF INSURANCE CARD - both sides.

Only pages 8-15 need to be returned

5. Return all forms to:

For intercollegiate (varsity) sports:

Sports Medicine
Department of Athletics and Recreation
St. Mary's College of Maryland
18952 E. Fisher Rd.
St. Mary's City, MD 20686

For club sports:

Office of Student Activities
St. Mary's College of Maryland
18952 E. Fisher Rd.
St. Mary's City, MD 20686

****Please note** - Whether or not the student-athlete is a minor, the primary insurance holder **must** sign the insurance notification and insurance coverage agreement lines of the signature pages.

Though most of our student-athletes are not considered minors (under the age of 18), we strongly encourage all parents/legal guardians to read and sign all of the forms to make sure they understand the policies and procedures of the SMC Department of Athletics and Recreation. If the student-athlete is considered a minor, the signature of a parent/legal guardian is required.

****Final note** (Intercollegiate athletes only)- If the student-athlete requires the use of some form of medication unique to him/her (that is, an asthma inhaler, an epi-pen), please bring one extra to be placed in the training kit to be used as a back-up in emergency situations. Also, if the student-athlete wears contact lenses, we suggest that he/she places a back-up set in the training kit in case of loss or tear.

Intercollegiate Athletes Only

Dear Parent/Guardian and Student-Athlete interested in Intercollegiate Athletics:

As the athletic trainers at St. Mary's College of Maryland (SMCM), we are excited about our 2011-2012 intercollegiate sports season. Our goal in the Department of Athletics and Recreation is to ensure the safety of our student-athletes. However, there is always the possibility of injury through participation in sports. The purpose of this letter is to inform you of the insurance procedures that the College follows when a student-athlete sustains an injury.

The athletic accident insurance at SMCM is a secondary or excess insurance policy. This type of policy provides coverage for your son/daughter only for incidents occurring during official contests or practices of intercollegiate athletics. This includes sponsored and authorized travel. This plan will **only** be used after a \$1,000.00 disappearing deductible is met. Therefore, only after the \$1,000 deductible has been met, either through payments by your primary insurance or out of your own pocket, will the SMCM secondary insurance policy be used. Currently, K&K Insurance Group is our secondary policy carrier.

Under National Collegiate Athletic Association (NCAA) regulations, all student-athletes must be covered by a medical insurance plan in order to participate in intercollegiate athletics. In addition to that, this medical insurance policy must **not** exclude participation in intercollegiate athletics and must **not** have a maximum benefit of less than **\$90,000**. The NCAA provides insurance in excess of a \$90,000 deductible through the NCAA Catastrophic Injury Insurance Program. In order to reduce a significant out-of-pocket expense to student-athletes whose insurance has a maximum benefit of less than \$90,000, the NCAA now requires insurance coverage of at least \$90,000. In order to ensure that all of these guidelines are met, the following items are required:

1. A current copy of the insurance card for the student-athlete must be returned with the packet. If a copy is not included, the student-athlete will not be allowed to try out until we receive the copy.
2. A signed statement stating that the insurance policy for your son/daughter does not specifically exclude varsity and/or intercollegiate athletics participation and does not have a maximum benefit of less than \$90,000.
3. A signed statement stating that in the event of a change in insurance, within five working days verbal notification will be given to the Department of Athletics and Recreation. Within 10 working days written notification of the updated policy information and a copy of the new insurance card will be forwarded.

In the event that these requirements are not met, your son/daughter will be excluded from practicing and competing in varsity athletics.

The NCAA discourages any college or university from providing athletic insurance coverage or paying medical bills related to illnesses or conditions which are not sustained as the direct result of an accident in our intercollegiate athletics program. This includes preexisting conditions and non-intercollegiate athletic injuries. Injuries and illnesses sustained outside of official intercollegiate athletic competitions, practices, or travel will not be treated by the SMCM Department of Athletics and Recreation. If you have any questions or concerns, please call us at 240-895-2135.

Jim Cranmer, A.T., C
Head Athletic Trainer
St. Mary's College of Maryland

Dena Bissell, MEd, A.T., C
Assistant Athletic Trainer
St. Mary's College of Maryland

Steph Guzzo, MS, A.T., C
Assistant Athletic Trainer
St. Mary's College of Maryland

CLAIM PROCEDURES

All medical bills for your son/daughter which were incurred as the result of an accident in the intercollegiate sports program will be sent directly to your son/daughter or to your home address. In some cases, the SMCM Sports Medicine Department may receive a copy of the bill, but in no case will the athletic department be the primary place for the bill to be sent. You should:

1. Submit the bills to your family employer group or plan first. They will do one of two things:
 - a. Honor the claim and pay all or a portion of the bills incurred.
 - b. Not honor the claim and send you a letter of denial.
2.
 - a. If a balance remains after your insurance plan has contributed toward the claim, send the claim sheet from the insurance company and a copy of the itemized bills to K&K Insurance at the address below.

OR
 - b. If you receive a letter of denial from your insurance plan administrator, send the letter of denial and a copy of the bills to K&K Insurance at the address below.

OR
 - c. If no coverage is available, send a letter from your employer with verification to the K&K Insurance at the address below.
3. Any claim(s) needs to be submitted to K&K Insurance within 90 days of the date of injury, regardless of status with your primary insurance company. Address the necessary paperwork to:

K&K Insurance
1712 Magnavox Way
P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 237-2917
(260) 459-5915 Fax

4. If the bills incurred are not paid by your insurance plan, the claim will be processed by K&K Insurance. If they need any additional information, please cooperate with them so that they may process the claim.

Sickle Cell Trait Status

Beginning with the 2010 academic year, the NCAA recommended that all NCAA Division III student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc. Although sickle cell trait screening is normally performed on all U.S. babies at birth, many student-athletes may not know whether they have the trait. Following the recommendations of the National Athletic Trainers Association (NATA) and the College of American Pathologists (CAP), if the trait is not known, the NCAA recommends athletics departments confirm sickle cell trait status in all student-athletes during the medical examination period. Therefore, during your yearly physical examination, we recommend that you discuss with your physician your sickle cell trait status, and if unknown, that you consider getting screened.

People at high risk for having sickle cell trait are those whose ancestors come from Africa, South or Central America, Caribbean, Mediterranean countries, India, and Saudi Arabia. Sickle cell trait occurs in about eight percent of the U.S. African-American population and rarely (between one in 2,000 to one in 10,000) in the Caucasian population. It is present in athletes at all levels, including high school, collegiate, Olympic and professional. Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense. Sickle cell trait is generally benign and consistent with a long, healthy life. However, there are three constant concerns that exist for athletes with sickle cell trait: gross hematuria, splenic infarction, and exertional rhabdomyolysis, which can be fatal.

Gross hematuria, visible blood in the urine, usually from the left kidney, is an occasional complication of sickle cell trait. Athletes should consult a physician for return-to-play clearance.

Splenic infarction can occur in people with sickle cell trait, typically at altitude. The risk may begin at 5,000 feet and increases with increasing altitude. Vigorous exercise (e.g., skiing, basketball, football, hiking, anaerobic conditioning) may increase the risk. Splenic infarction causes left upper quadrant or lower chest pain, often with nausea and vomiting. It can mimic pleurisy, pneumothorax, side stitch, or renal colic. Splenic infarction at altitude has occurred in athletes with sickle cell trait. Athletes should consult a physician for return-to-play clearance.

Exertional rhabdomyolysis can be life-threatening. During intense exertion and hypoxemia, sickled red cells can accumulate in the blood. Dehydration worsens exertional sickling. Sickled red cells can “logjam” blood vessels in working muscles and provoke ischemic rhabdomyolysis. Exertional rhabdomyolysis is not exclusive to athletes with sickle cell trait.

How can you prevent a collapse:

- Know your sickle cell trait status.
- Engage in a slow and gradual preseason conditioning regimen.
- Build up your intensity slowly while training.
- Set your own pace. Use adequate rest and recovery between repetitions, especially during “gassers” and intense station or “mat” drills.
- Avoid pushing with all-out exertion longer than two to three minutes without a rest interval or a breather.
- If you experience symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity immediately and notify your athletic trainer and/or coach.
- Stay well hydrated at all times, especially in hot and humid conditions.
- Avoid using high-caffeine energy drinks or supplements, or other stimulants, as they may contribute to dehydration.
- Maintain proper asthma management.
- Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever.
- Beware when adjusting to a change in altitude, e.g., a rise in altitude of as little as 2,000 feet. Modify your training and request that supplemental oxygen be available to you.
- Seek prompt medical care when experiencing unusual physical distress.

Intercollegiate and Club Sport Athletes

Dear Parent/Guardian and Student-Athlete:

Hypertrophic cardiomyopathy (HCM) is the most common cause of sudden death in young athletes, according to Dr. Barry Maron, director of the Hypertrophic Cardiomyopathy Center at the Minneapolis Heart Institute Foundation. It is also the most common cause of natural sudden death in young people in the general public. HCM is a genetic disease that causes the walls of the left ventricle to enlarge, usually during adolescence. The thickened ventricle does not relax fully, inhibiting the flow of blood into the heart. It is estimated that 600,000 American have HCM; many of them will never exhibit a symptom, but some 6,000 will die each year from it. Unlike some other conditions associated with the heart, such as high cholesterol and coronary artery disease, exercise puts individuals with HCM at a higher risk of sudden death. It is believed that an athlete every two weeks will die during or immediately after exercise due to HCM.

Prevention:

The best prevention for HCM is early detection. A thorough medical history included as part of a physical exam will allow your physician to determine if further follow-up is necessary. This would include an electrocardiogram (ECG), followed up with an echocardiogram (ECHO) along with other tests. Please see below for the American Heart Association's recommendations for preparticipation cardiovascular screening. Please consult your physician to ensure that the recommendations are being followed.

The 12-Element AHA Recommendations for Preparticipation Cardiovascular Screening of Competitive Athletes

Medical history*

Personal history

Exertional chest pain/discomfort

Unexplained syncope/near-syncope†

Excessive exertional and unexplained dyspnea/fatigue, associated with exercise

Prior recognition of a heart murmur

Elevated systemic blood pressure

Family history

Premature death (sudden and unexpected, or otherwise) before age 50 years due to heart disease, in more than one relative

Disability from heart disease in a close relative less than 50 years of age

Specific knowledge of certain cardiac conditions in family members:

hypertrophic or dilated cardiomyopathy, long-QT syndrome or other ion channelopathies, Marfan syndrome, or clinically important arrhythmias

Physical examination

Heart murmur‡

Femoral pulses to exclude aortic coarctation

Physical stigmata of Marfan syndrome

Brachial artery blood pressure (sitting position)§

*Parental verification is recommended for high school and middle school athletes.

†Judged not to be neurocardiogenic (vasovagal); of particular concern when related to exertion.

‡Auscultation should be performed in both supine and standing positions (or with Valsalva maneuver), specifically to identify murmurs of dynamic left ventricular outflow tract obstruction.

§Preferably taken in both arms.

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports — Medical Exceptions and Banned Drug Classes.

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports in conjunction with the NCAA Health and Safety staff has issued the following educational article on medical exceptions and banned drug classes.

Please contact Mary Wilfert, associate director, health and safety, at (317) 917-6319 or mwilfert@ncaa.org with any comments or questions.

Medical Exceptions.

The NCAA list of banned drug classes is composed of substances that are generally reported to be performance enhancing and harmful to one's health. The NCAA bans performance-enhancing drugs to protect student-athlete health and safety and ensure a level playing field, and it also recognizes that some of these substances may be legitimately used as medications to treat student-athletes with learning disabilities and other medical conditions.

Accordingly, the NCAA allows exceptions to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug. The benefit of a medical exception procedure is that in most cases the student-athlete's eligibility remains intact during the process.

Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, beta blockers, diuretics, anti-estrogens, anabolic agents (steroids)*, and peptide hormones* (**NCAA Bylaw 31.2.3**) [***anabolic agents and peptide hormones must be approved by the NCAA before the athlete is allowed to participate while taking these medications.** The institution, through its director of athletics, may request an exception for use of an anabolic agent or peptide hormone by submitting to The National Center for Drug Free Sport (Drug Free Sport) any medical documentation it wishes to have considered.]

In all cases, a student-athlete, in conjunction with his or her physician, must document that other nonbanned alternatives have been considered prior to requesting the medical exception for the use of a medication containing a banned substance. It is the responsibility of the institution to educate student-athletes about this policy, and to follow up with any student-athlete who identifies the use of a banned medication to determine if standard nonbanned medications have been pursued and documented.

In order for a student-athlete to be granted a medical exception for the use of a medication that contains a banned substance, the student-athlete must:

1. Have declared the use of the substance to his or her athletics administrator responsible for keeping medical records;
2. Present documentation of the diagnosis of the condition; and
3. Provide documentation from the prescribing physician explaining the course of treatment and the current prescription.

Requests for medical exceptions will be reviewed by physicians who are members of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. Medical exceptions will be granted if the student-athlete has presented adequate documentation noted above. Unless requesting a review for the medical use of an anabolic agent or peptide hormone, a student-athlete's medical records or physicians' letters should not be sent to the NCAA unless requested by the NCAA. Also, the use of the substance need not be reported at the time of NCAA drug testing. Following are three treatment issues to help illustrate the medical exception procedure:

Attention Deficit/Hyperactivity Disorder (ADHD) – is one of the most common neurobehavioral disorders of childhood and can persist through adolescence and into adulthood. ADHD is generally diagnosed in childhood, but sometimes not until college or later. The most common medications used to treat ADHD are methylphenidate (Ritalin) and amphetamine (Adderall), which are banned under the NCAA class of stimulants. In order for a medical exception to be granted for the use of these stimulant medications, the student-athlete must show that he or she has undergone standard assessment to identify ADHD. Frequently a student-athlete may find that the demands of college present difficult learning challenges. They may realize that some of their teammates are benefitting from the use of these medications, and figure they should ask their team physician or family doctor to prescribe the same for them. **If they do not undergo a standard assessment to diagnose ADHD, they have not met the requirements for an NCAA medical exception.** Most colleges provide these types of assessment through their student support services or counseling and testing centers. The student-athlete should either provide documentation of an earlier assessment, or undergo an assessment prior to using stimulant medication for ADHD. If the diagnosis is ADHD, the student-athlete may then pursue treatment with the team physician or family physician for a prescription for stimulant medication, and provide all documentation to the appropriate athletics administrator to keep in the file in the event the student-athlete is selected for drug testing and tests positive. At that point, the athletics administrator will be instructed to provide the documentation for review by the medical panel, and if all is in order, the student-athlete's medical exception is granted.

Male-Pattern Baldness – Androgenic alopecia is a common form of hair loss in both men and women. In men, this condition is also known as male-pattern baldness. Hair is lost in a well-defined pattern, beginning above both temples. Over time, the hairline recedes to form a characteristic “M” shape. Hair also thins at the crown of the head, often progressing to partial or complete baldness. Nonbanned medications are available to treat this condition. Finasteride (trade name Propecia), which is prescribed in some cases to treat male-pattern baldness, is a banned substance under the class of masking agents, as it interferes with the ability to identify steroid use. Before using finasteride, a student-athlete must exhaust other standard medications and document this effort. All documentation should be submitted to the sports medicine staff to review and maintain in the student-athlete's record. In the event a student-athlete tests positive for the use of finasteride, the institution will then submit the full record for a medical exception review.

Hypogonadism – Or testosterone deficiency, results either from a disorder of the testes (primary hypogonadism) or of the hypothalamus or pituitary glands (secondary hypogonadism). Causes of primary hypogonadism include Klinefelter's syndrome, undescended testicles and hemochromatosis. Secondary hypogonadism can be due to aging, increasing body mass index and/or type 2 diabetes mellitus. Treatment for hypogonadism may include testosterone medication. Testosterone falls under the banned drug class “anabolic agents.” A student-athlete must request approval to use medication with testosterone **prior to participation** while using this substance. A full medical documentation of the diagnosis, course of treatment and prescription history must be provided by the institution prior to allowing the student-athlete to compete on this medication. If a student-athlete tests positive for testosterone and has not obtained prior approval to use this substance, the case must go to appeal.

In all cases, if a student-athlete does not meet the criteria for a medical exception, the student-athlete may request an appeal hearing of the positive drug test. In this case, the student-athlete's eligibility will be suspended pending the outcome of the appeal. Questions about this policy may be directed to Mary Wilfert, associate director, health and safety, mwilfert@ncaa.org or (317) 917-6319.

St. Mary's College of Maryland Athletic Clearance Packet

Please print clearly using either a blue or black pen. Incomplete forms will preclude student-athlete involvement.

Athlete's Name: _____ Grade: FR SO JR SR 5TH SMCM ID#: _____

Home Address: _____ Home Phone: () _____
Street, City, State, Zip Code

SPORT #1 _____ **SPORT #2** _____ **SPORT#3** _____

Please Circle: Varsity/Club Varsity/Club Varsity/Club

Sex: M / F Age: _____ Date of Birth: ____/____/____ Social Security #: _____

Athlete's Campus Box #: _____ Cell Phone: _____ E-mail: _____

Primary Care Physician: _____ Phone: () _____

Emergency Contacts *We advise you to list one contact who does not live with you*

1) Name: _____ Relationship: _____

Address: _____
Street, City, State, Zip Code

Employer: _____ Home Phone: () _____

Mobile / Pager Phone: () _____ Work Phone: () _____

2) Name: _____ Relationship: _____

Address: _____
Street, City, State, Zip Code

Employer: _____ Home Phone: () _____

Mobile / Pager Phone: () _____ Work Phone: () _____

Medical Insurance

PRIMARY: Name of Policy Holder: _____ Insurance Phone #: () _____

Name of Insurance Company or Plan: _____

Insurance Address: _____

Policy #: _____ Plan #: _____ HMO/PPO/POS

Pre-authorization for services? YES / NO Is a second opinion required before surgery? YES / NO

SECONDARY: Name of Policy Holder: _____ Insurance Phone #: () _____

Name of Insurance Company or Plan: _____

Insurance Address: _____

Policy #: _____ Plan #: _____ HMO/PPO/POS

Pre-authorization for services? YES / NO Is a second opinion required before surgery? YES / NO

Pre-participation Physical Evaluation

Name _____ Age _____ Date of Birth _____

Height _____	Weight _____	BP ____/____	Pulse _____
Vision R 20/____	20/____	Corrected Y N	Pupils _____

	Normal	Abnormal Findings	Initials	
Limited	Cardiopulmonary			
	Pulses			
	Heart			
	Lungs			
	Tanner Stage		1 2 3 4 5	
	Skin			
	Complete	Abdominal		
Genitalia				
Musculoskeletal				
Neck				
Shoulder				
Elbow				
Wrist				
Hand				
Back				
Knee				
Ankle				
Foot				
Other				

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared for:
 - Collision
 - Contact
 - Non-contact ___Strenuous ___Moderately Strenuous ___Non-strenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____

RETURNING ATHLETE MEDICAL UPDATE FORM

Name _____

1. Have you had any injuries or surgeries since your last physical for participation in intercollegiate athletics?
IF YES, PLEASE DESCRIBE:

2. Have you had any illness requiring the Health Center or a doctor's services since your last physical for participation in intercollegiate athletics?
IF YES, PLEASE DESCRIBE:

3. Have you been advised by a medical doctor not to participate in any activity within the last 12 months?
IF YES, PLEASE DESCRIBE:

4. Have you had any problems related to an injury suffered during the past year?
IF YES, PLEASE DESCRIBE:

5. Do you currently have any problems that you feel need to be checked out by a doctor?
IF YES, PLEASE DESCRIBE:

6. Are you currently taking any medications (either prescribed or over-the-counter), supplements, vitamins or emergency medications (ie. inhaler, epi-pen, etc)?
IF YES, PLEASE LIST TYPE, DOSAGE AMOUNT, STRENGTH AND REASON:

7. Please list any allergies or you have:

8. Do you wear contact lenses or glasses (please **circle** if yes)?

The student signing below:

A. Certifies that the answers to the above questions are true, correct and honest.

B. Understands that he/she must refrain from practice or game during medical treatment until both the attending physician and the Athletic Trainer discharge him/her from treatment.

C. Understands the St. Mary's College of Maryland Athletic Training staff may review this questionnaire, physical examination, and if necessary, any sport injury or illness, which may interfere with or affect his/her ability to play.

Student-Athlete Signature

Date

Parent/Guardian Signature if minor

Date

Physician's Signature

Date

Signature Page (1 of 3)

Student-Athlete Name (print): _____

Parent/Guardian Name (print): _____

Varsity Student-Athletes Only

****Insurance holder must sign or you will not be eligible to participate**

Insurance Notification

By signing below, I hereby state that I have been notified by St. Mary's College of Maryland Department of Athletics and Recreation regarding the insurance policy carried by the school and its coverage details as outlined. I also understand that, if I so wish, I may obtain a copy of the policy and its coverage details by contacting the Department of Athletics and Recreation at (240) 895-4295 and requesting a copy.

Student-Athlete Signature

Date

Insurance-Holder Signature

Date

Insurance Coverage Agreement

By signing below, I hereby attest that the named student-athlete is covered under my insurance policy. Furthermore, I attest that my insurance policy does **not** exclude varsity athletic competition **nor** does it have a maximum benefit of less than \$90,000. I agree that if our insurance policy changes for whatever reason, so as to not cover the named student-athletes, to exclude varsity athletic competition, or to have a maximum benefit of less than \$90,000 or if I change insurance policies, I will verbally notify the Department of Athletics and Recreation of such change(s) within five working days. I will also be responsible for sending written notification of such change(s) and a new card within 10 working days. I understand if any such change should occur in my insurance policy and notification is not made, I may be held solely responsible for any and all bills incurred in the case of injury to the named student-athlete.

Student-Athlete Signature

Date

Insurance-Holder Signature

Date

Sickle Cell Trait Testing Waiver (Only sign if you have chosen to not find out your sickle trait)

I, _____, understand and acknowledge that the NCAA and St. Mary's College of Maryland
(student-athlete)

Department of Intercollegiate Athletics recommend that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned page about sickle cell trait.

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 St. Mary's College of Maryland Sports Medicine personnel.

I do not wish to know my sickle cell trait status and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, the College, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the recommendation of the NCAA and St. Mary's College of Maryland Department of Intercollegiate Athletics. 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.

Student-Athlete's Signature

Date

Parent/Guardian Signature (if minor)

Date

Signature Page (2 of 3)

Varsity Student-Athletes Only

Responsibility for Reporting Injury and/or Illness

I, _____, understand and acknowledge that the NCAA and St. Mary's College of Maryland
(student-athlete)

Department of Intercollegiate Athletics require that all student-athletes report any injury or illness to the Sports Medicine Department as soon as possible. This includes, but is not limited to, any signs of symptoms of a concussion, which can include: amnesia, confusion, headache, loss of consciousness, balance problems or dizziness, double or blurry vision, sensitivity to light or noise, nausea, feeling sluggish, foggy or groggy, feeling unusually irritable, concentration or memory problems (forgetting games plays, facts, meeting times), and/or slowed reaction time. Some of these symptoms may appear immediately following a blow to the head or body, or some of the symptoms may show up hours or days after the injury.

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 to the St. Mary's College of Maryland Sports Medicine personnel.

I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, the College, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the mandate of the NCAA and St. Mary's College of Maryland Department of Intercollegiate Athletics.

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.

Student-Athlete's Signature

Date

Parent/Guardian Signature (if minor)

Date

All Varsity & Club Sport Student-Athletes

Acceptance of Risk Statement

I, _____, am aware that participation in intercollegiate athletics/club sports and in particular
(student-athlete)

_____ involves a risk to my health and well-being and those risks may result in death or serious
(list all sports participating in)

injury. I knowingly and voluntarily accept the risk associated with participation in intercollegiate athletes/club sports. As a student athlete, I will do my part to reduce the risk of injury by acquiring and maintaining my peak physical condition before and during participation in intercollegiate athletes. I will also follow the advice of my personal physician(s) and, if not in conflict with the advice of my personal physician(s), the advice of St. Mary's College of Maryland (SMCM) Department of Athletics and Recreation (including health care personnel working under an arrangement with SMCM). I agree to provide information from my personal physician(s) as requested by SMCM or will provide written consent to SMCM to obtain information from my personal physician(s) directly. I have had an opportunity to seek the advice of private legal counsel before signing below. (If the student-athlete is a minor, the student's parent or legal guardian is also required to sign this Acceptance of Risk Statement and by signing, the parent or legal guardian knowingly and voluntarily accepts, for and on behalf of the student athlete, the risk associated with participation in intercollegiate athletics/club sports).

Student-Athlete's Signature

Date

Parent/Guardian Signature (if minor)

Date

Signature Page (3 of 3)

All Varsity & Club Sport Student-Athletes

Permission to Release Information to Parents/Guardians or SMCM Medical Staff

I am a student athlete, am 18 years old or older, and am not a dependent student under the Family Educational Rights and Privacy Act. I hereby request and give permission to St. Mary's College of Maryland (SMCM) Department of Athletics and Recreation, Athletic Training Staff to release information obtained by SMCM (including health care providers working under an arrangement with SMCM) about me to my parent/guardian, whose name is _____, upon the written request of my parent/guardian.

Student-Athlete's Signature

Date

I also request and give SMCM, Department of Athletics and Recreation, Athletic Training Staff permission to release information obtained by SMCM about me to health care providers working under an arrangement with SMCM for the purpose of their providing health care and treatment to me. I understand that I may revoke all or part of this permission at any time by giving written notice to SMCM.

Student-Athlete's Signature

Date

Permission by Parent or Legal Guardian to Treat Minor Student

I, the undersigned, am a parent or legal guardian of the named student-athlete, who is a minor, and I have legal authority to consent to medical treatment of the named student-athlete. I give permission to the St. Mary's College of Maryland (SMCM) Department of Athletics and Recreation (including health care personnel working under an arrangement with SMCM) to provide, as necessary, athletic training services to the named student-athlete, including but not limited to providing first aid treatment for sport injuries; applying modalities; thermal or non-thermal to sports injuries; wrapping or taping body parts to provide support; stability and protection; implementing rehabilitation exercises of sports injuries; and providing emergency care such as cardio-pulmonary resuscitation (CPR) to the named student-athlete. In the event the St. Mary's College of Maryland (SMCM) Department of Athletics and Recreation (including health care personnel working under an arrangement with SMCM) becomes aware that the named student athlete requires emergency medical treatment during or as a result of his or her participation in an approved SMCM intercollegiate sport, SMCM will contact emergency medical personnel and will notify me as soon as practical thereafter.

Student-Athlete Signature

Date

Parent/Guardian Signature

Date

Parent Address

Parent Home Phone: _____

Parent Work Phone: _____

NCAA Banned Drugs

The NCAA bans the following classes of drugs:

- a. Stimulants
- b. Anabolic Agents
- c. Alcohol and Beta Blockers (banned for rifle only)
- d. Diuretics and Other Masking Agents
- e. Street Drugs
- f. Peptide Hormones and Analogues
- g. Anti-estrogens
- h. Beta-2 Agonists

Note: Any substance chemically related to these classes is also banned.

The institution and the student-athlete shall be held accountable for all drugs within the banned drug class regardless of whether they have been specifically identified.

Drugs and Procedures Subject to Restrictions:

- a. Blood Doping.
- b. Local Anesthetics (under some conditions).
- c. Manipulation of Urine Samples.
- d. Beta-2 Agonists permitted only by prescription and inhalation.
- e. Caffeine if concentrations in urine exceed 15 micrograms/ml.

NCAA Nutritional/Dietary Supplements Warning:

*****Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff!**

- Dietary supplements are not well regulated and may cause a positive drug test result.
- Student-athletes have tested positive and lost their eligibility using dietary supplements.
- Many dietary supplements are contaminated with banned drugs not listed on the label.
- Any product containing a dietary supplement ingredient is taken at your own risk.

It is your responsibility to check with athletics staff before using any substance.

Some Examples of NCAA Banned Substances in each class

NOTE: There is no complete list of banned drug examples!

Check with your athletics department staff to review the label of any product, medication or supplement before you consume it!

Stimulants:

amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); etc.

exceptions: phenylephrine and pseudoephedrine are not banned

Anabolic Agents:

boldenone; clenbuterol; DHEA; nandrolone; stanozolol; testosterone; methasterone; androstenedione; norandrostenedione; methandienone; etiocholanolone; trenbolone; etc.

Alcohol and Beta Blockers (banned for rifle only):

alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

Diuretics and Other Masking Agents:

bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

Street Drugs:

heroin; marijuana; tetrahydrocannabinol (THC).

Peptide Hormones and Analogues:

human growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

Anti-Estrogens :

anastrozole; clomiphene; tamoxifen; formestane; etc.

Beta-2 Agonists:

bambuterol; formoterol; salbutamol; salmeterol; etc.

Any substance that is chemically related to the class of banned drugs, unless otherwise noted, is also banned!

NOTE: Information about ingredients in medications and nutritional/dietary supplements can be obtained by **contacting the Resource Exchange Center, REC, 877-202-0769 or www.drugfreesport.com/rec password ncaa1, ncaa2 or ncaa3.**

It is your responsibility to check with your athletics staff before using any substance.

I _____ (print) have been informed of the drugs banned by the NCAA.

Signature _____ Date _____

If you are unsure if you are taking any medication that contains these drugs, take this list to your doctor. If you are taking a prescription, please review this list with your doctor. If the prescription you are taking **does** contain a banned substance, please discuss with your doctor if there are any alternatives that will work for you that do not contain a banned substance.