Athletics Information

If you are thinking about trying out for any of Hood's intercollegiate or club teams during this year, you must fill out and return the Medical Authorization, Informed Consent and the Report of Medical History forms as soon as possible. Please contact the Hood College Sports Medicine Center at (301) 696-3836 with any questions.

Please review the following important information about the forms required of all students trying out for an athletic team (basketball, cross country, field hockey, golf, lacrosse, soccer, softball, swimming, tennis, track and field and volleyball) or participating in a club sport (cheerleading and equestrian).

All forms must be turned in annually. Student-athletes must complete and submit these forms before the first day of practice or they will not be able to participate.

If the student-athlete requires the use of some form of medication unique to him/her (i.e., asthma inhaler, epi-pen), please provide an extra to be placed in the medical kit to be used as a back up in emergency situations.

Though most of our student-athletes are not under the age of 18, we strongly encourage all parents or legal guardians to be aware of the policies and procedures of the Hood College Sports Medicine Center.

Required Forms for Athletes

- **Report of Medical History Form**
  - Required for all new students. Located in the health forms sections of the Orientation Notebook.

- **Report of Medical Exam Form**
  - Required for all new students. Located in the health forms sections of the Orientation Notebook.

- **Emergency Medical Release Form**
  - Required for all new students. Located in the health forms sections of the Orientation Notebook.
  - Provides emergency contact, insurance and sport-related health information to the sports medicine staff.
  - Please include a copy of your health insurance card with the forms.
  - Students must have medical insurance to participate in varsity and club sports. If the student is not covered by a family plan or if they will be out of network for the family plan, students should purchase the Hood Student Insurance Plan.

- **Informed Consent/Medical Authorization Form**
  - Student-athletes and their families acknowledge the risk of injury when participating in an athletic program.
  - Gives permission to Hood's staff to render treatment in the event of injury.

Please keep copies of all completed forms for your records.
Informed Consent

The student-athlete and a parent or guardian must read this form carefully and sign it.

The undersigned herewith,

A. Is aware that participating or training to participate in any sport can be a dangerous activity involving many risks of injury.

B. Understands that the dangers and risks of participating or training to participate in athletics include, but are not limited to, death; serious neck and spinal injuries that may result in complete or partial paralysis, brain damage or serious injury to virtually all bones, ligaments, muscles, tendons and other aspects of the muscular skeletal system; and serious injury or impairment to other aspects of said student-athlete’s body, general health and well-being.

C. Understands that the dangers and risks of participating or training to participate in athletics may result not only in serious injury, but in serious impairment of said student-athlete’s future abilities to earn a living, to engage in other business, social and recreational activities; and generally to enjoy life.

D. Comprehends the dangers of participating in athletics and recognizes the importance of following the instructions of the Athletics staff regarding play and performance techniques, training and other team rules, etc., and agrees to obey such instructions.

E. Understands that if participating in contact sport(s) (e.g., basketball, field hockey, lacrosse or soccer) the risks of injury are even greater than for other sports.

In consideration of Hood College permitting me to try out for an athletic team(s) and to engage in all activities related to the teams, including, but not limited to, trying out, training for, practicing or playing/participating, I agree to hold Hood College, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, cause of action, debts, claims or demands of any kind and nature whatsoever which may arise from or be connected with my participation in any activities related to the sport. The terms hereof shall serve as a release against Hood College, its employees, agents, representatives, coaches and volunteers by me, my heirs, estate, executor, administrator, assignees and all members of my family.

Medical Authorization

The undersigned herewith,

A. Authorizes the athletic trainers at Hood, who are under the direction and guidance of Hood’s consulting physician(s), to render said student-athlete any first aid, rehabilitative, diagnostic or emergency treatment that they deem reasonable and necessary to the health and well-being of the student-athlete.

B. Grants permission to Hood’s consulting physician(s) to render said student-athlete any treatment, medical care or surgical care that they deem reasonably necessary to the health and well-being of the student-athlete.

C. When necessary for executing such cases, grants permission for hospitalization, scheduling of appointments and communication with physicians, physical therapists, counselors and other health care personnel regarding the student’s medical history.

D. Authorizes the athletic trainers at Hood to discuss injuries with necessary third parties, including but not limited to the coaching staff and athletic director, as relevant to the student-athlete’s participation in practice, competition and/or training.

E. Understands that the Health Information Portability and Accountability Act (HIPAA) is a federal regulation that protects my health information. I hereby request and give permission to Hood College Department of Athletics, Athletic Training Staff to release information obtained by Hood College (including health care providers working under an arrangement with Hood College) about me to my parent/guardian and health care providers working under an arrangement with Hood College for the purpose of their providing health care and treatment to me.

F. Understands that I may revoke this authorization at any time by notifying the Head Athletic Trainer in writing.