

Acknowledgement of Risk

I understand that participating in intercollegiate athletics includes the risk of bodily injury, including but not limited to, serious permanent injury and death, I further understand that such injuries may occur in the absence of negligence. To minimize the risk of bodily injury, I agree to obey all safety rules, to report fully any problems related to my physical condition to appropriate university personnel including coaches and athletic training staff, and to follow all coaching instruction during the tryout.

My signature below indicate that I am aware of the risks of injury in athletic participation and that such risks may include DEATH, PERMANENT PARALYSIS, AND OTHER SERIOUS PERMANENT BODILY INJURY.

I acknowledge that I am participating in these activities voluntarily. I understand my obligations as set forth in this document, and agree to meet these obligations as a condition of my participation in this tryout.

Sport: _____ Print Name: _____ Date: _____

Date of Birth: _____ Student Signature: _____

Parent/Guardian Name & Signature **if under age 18:** _____

Liability Waiver

I verify that I am in good health and do not have a history of any injury or illness that could endanger my safety during my participation in athletic activity. I further understand the inherent risk involved in participation in athletic activity that includes death, permanent paralysis, or permanent bodily injury. I have read the above statements and I am willing to assume full responsibility for the risk while participating in the athletic tryout. I hereby waive any and all medical claims, cause of action, and rights of entitlement, suits or damages against San Diego Christian College, the Athletics Department, or any of its employees, contracted agents or representatives, as a result of or in conjunction with athletic participation in the athletic tryout. I further understand and acknowledge that San Diego Christian College is under no obligation to provide financial support for any such injury and that any bills for medical services required as a result of my participation in the tryout are the sole responsibility of my family and myself.

Student Signature: _____ Date: _____

Parent/Guardian name & Signature **if under age 18:** _____

By signing below I Affirm That:

- ✦ I am not currently under the care of a physician for an injury or illness that would prevent my safe participation in collegiate athletics.
- ✦ I am not currently being treated for or recovering from an orthopedic injury that would prevent my safe participation in collegiate athletics.
- ✦ I have no history of syncope (fainting) or other medical problems related to participation in strenuous physical activity or exercise.
- ✦ I am in good health and there is no reason why I cannot safely participate in strenuous physical activity or exercise.
- ✦ I have not been advised by a physician not to participate in physical activity or exercise or sports due to a medical condition or previous bodily injury.

Student Signature: _____ Date: _____

Parent/Guardian Name & Signature **if under age 18:** _____

San Diego Christian College Athletic Training Department Student-Athlete Try-Out Health History Questionnaire

Student-Athlete Name _____ Sport _____

Date of Birth _____

-
-
- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a head injury / concussion and/or been knocked unconscious? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a cervical spine / neck injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a shoulder injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered an elbow / forearm injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a wrist, hand, and/or finger injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a spine, low back, and/or sacroiliac injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a rib, thorax, and/or chest injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a hip, groin, and/or thigh injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a knee injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered an ankle, lower leg, and/or foot injury? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever suffered a heat-related illness and/or received intravenous fluids (IV) for a heat-related problem? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been diagnosed with any allergies and/or ever had an unfavorable / allergic reaction to any medications, food items, and/or stings / bites? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been diagnosed with asthma and/or exercised induced asthma? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been diagnosed with diabetes? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever had chest pain and/or unexplained shortness of breath during or after exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Do you get tired more quickly than your teammates / friends do during exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been told that you have a heart murmur? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Has any family member or relative died of heart problems and/or of sudden death before age 35? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Has a physician ever denied or restricted your participation in sports due to any heart problems? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever had an electrocardiogram (EKG) of your heart? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Do you cough, wheeze, or have trouble breathing during or after exercise / practice? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Do you have only one of two paired, functioning organs (eyes, kidney, ovary, etc.)? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever had seizures or convulsions? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Do you or anyone in your family have sickle cell trait or disease? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Have you ever been told by a physician to restrict your sports activity or not to participate in a sport? |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Are you aware of any reasons why you should not participate in intercollegiate athletics at SDC at this time? |

If you answered **YES** to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail (use additional sheet(s) if necessary):

I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I fully understand that **San Diego Christian College**, its agents, servants, trustees, and employees disclaim liability, and will not be held liable for any injuries and/or illnesses not noted.

Student-Athlete Signature _____

Date _____