Membership Procedure

As stated in the Sport Club Officer’s Manual under Membership (Pg. 3), SIRA must have on file the following completed forms (Sport Club Participation Packet) before a Sport Club member is eligible to participate in club activities:


These forms constitute a legal standard that require accurate filing and management by an administrative body, namely SIRA. To help both the Sport Club officers and SIRA ensure that the Sport Club Program meets this legal standard, SIRA developed the following procedure:

1. Sport Club members may pick up the Sport Club Participation Packet at either the SIRA Office, the SIRA Website (http://www.southwestern.edu/offices/sira), or from their respective Sport Club officer.

2. Sport Club members must complete all sections of the forms. Omitting any section may result in SIRA returning the form via mail or campus mail, delaying the member’s opportunity to participate. SIRA highly recommends submitting copies of member’s health insurance card, driver license, and auto insurance regardless of whether he/she plans to travel as a just-in-case measure.

3. Once a member submits the completed forms, SIRA will make copies of the Medical History and the Emergency Information and get them to the Sport Club officer(s) in charge of safety. Once the Sport Club officer(s) in charge of safety receives the copied Medical History and Emergency Information, that member may participate in all club activities.

4. The Sport Club officer(s) in charge of safety must keep the copies of the Medical History and the Emergency Information with the first aid kit, all of which should be on location at any club practices and/or events.

Additionally, if a member plans to travel for any club activities, both SIRA and the club’s safety officer must also have a copy of his/her health insurance card. As traveling with the club is the standard method of travel, members wishing to travel outside the club’s plans (e.g. driving own card independently) must request an exception from the Sport Club Director by submitting a Travel Release at least three days prior to the date of travel and meeting with the Sport Club Director to discuss the nature of the exception.
Acknowledgment of Participation and Release

Participants in the Sport Club Program at Southwestern, under the supervision of the Intramural and Recreational Activities Department (SIRA), should be aware of the possible risks that are inherent in the nature of some of the activities. These risks include, but are not limited to, the potential for accidents or illness while traveling to and from club activities. Participants should realize that risks cannot be eliminated completely. However, if participants meet minimum physical and mental conditioning and follow safety procedures, the potential for mishaps is reduced.

I, __________________________________, a member of ______________________________, a student organization recognized by the Student Affairs Council of Southwestern University and organized by SIRA at Southwestern University, affirm that I am aware of my physical condition, that participation in this sport club may result in possible injury as a result of the sport clubs nature, and that I am assuming any risk that may be involved by participating in the sport club.

I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless Southwestern University, its employees, staff, and volunteers from all claims, including bodily injury, that I may have on my behalf that may be sustained in connection with my participation in the activities of the aforementioned sport club. Such participation will include practice, club functions, competition, and travel to and from all sport club activities.

I further acknowledge that I am aware of insurance policies that are available to me through private or institutional means, that I know and understand club and University policies and procedures, and that I will represent the club and the University in such a manner that is expected. I have read and understand the above statements and will carry them out.

____________________________________  _____________________
Signature                               Date

____________________________________  _____________________
Printed Name                           SU ID #

****IMPORTANT NOTE: ALL SPORT CLUB MEMBERS AND POTENTIAL MEMBERS SHOULD COMPLETE THIS FORM (Acknowledgment of Participation and Release) BEFORE BEGINNING PARTICIPATION OF ANY KIND IN SPORT CLUB ACTIVITIES. THE REMAINDER OF THE PACKET SHOULD BE TURNED INTO EITHER THE SPORT CLUB SAFETY OFFICER OR THE SIRA OFFICE WITHIN 72 HOURS OF INITIAL PARTICIPATION. THE ENTIRE PACKET IS REQUIRED BEFORE PARTICIPATION IN CLUB TRAVEL AND/OR COMPETITION OF ANY TYPE. DIRECT ANY QUESTIONS TO THE SIRA OFFICE AT (512) 863-1606 OR sira@southwestern.edu.*************
1) To the best of his/her ability, the athletic trainer will provide each Southwestern University sport club member with opportunities for immediate first aid care and follow-up therapy or treatment for all injuries sustained at scheduled practices or games. Necessary referrals to appropriate physicians or medical services will be made as approved by the athletic trainer.

2) A comprehensive physical examination is recommended for all students who are participating in their first year. Additionally, a medical history form is required for all sport club members each year. The primary intent of these requirements is to create a medical history of the sport club member that can be referred to in case of injury/emergency. The secondary function of these requirements is to assist the club members in determining whether their own level of fitness is appropriate for participation in strenuous physical activity.

3) No sport club member will be allowed to participate in any club practice/activity without first having completed the Acknowledgement of Participation and Release form. The remainder of the Participation Packet is due within 72 hours and should be given to either the Club’s Safety Officer or the SIRA Office. The entire Packet must be received by the Sport Club Director in the SIRA Office before participation in club travel and/or competition of any type.

4) Southwestern University provides "excess" athletic insurance to cover accidents and injuries resulting from direct participation in sport club activities. The insurance policy may cover accidents that occur during games and organized practice sessions. Pre-existing conditions are not covered by the athletic insurance. Specific information about the "excess" insurance policy (for the 2012-13 year which covers the Cheerleaders and Women’s Lacrosse Clubs) is available online on the Intercollegiate Athletics website at: http://southwesternpirates.com/training/insurance. Meanwhile, information about “excess” insurance coverage for all other SU students can be accessed on the Health Services website - http://www.southwestern.edu/offices/health/.

5) It is the responsibility of each sport club member to report athletic injuries to the Sport Club Director (a sport club accident report must be turned in to document all injuries). Also, coaches and club officers should send any sport club member to the athletic trainer if he/she feels medical attention is needed. In case of emergency, please call 911 for immediate care when necessary.

6) For participants in either Cheerleading and/or the Women’s Lacrosse Club, neither the Department of Intramural and Recreational Activities nor the Athletic Department will be responsible for medical costs incurred by athletes who seek medical attention without prior notification by the Athletic Trainer. Prior notification consists of the issuance of a SU Referral Form to be used as admittance for a scheduled appointment with one of the team physicians or for other necessary medical services. All other sport club participants are encouraged to visit SU Health Services in the Prothro Center to be evaluated and to access information about the “excess” coverage provided to all SU students (e.g. student accident health benefits).

7) Sport Club Members should utilize posted walk-in or appointment times when needing athletic training services.

8) Both men and women will be treated equally in all matters of health care, treatment of injuries, and access to the athletic training facility.

The undersigned, herewith
1. Has read, understood and promises to abide by the above policies.
2. Understands that by not following these policies he/she may not qualify for the University's "Excess" athletic insurance policy.
3. Acknowledges and understands that participation in all physical activity has inherent dangers and risks that include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to any or all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of the body, general health and well-being.

PRINT NAME: ____________________________________________

CLUB MEMBER SIGNATURE: ____________________________ DATE: ____________________
Emergency Information

NAME:________________________
YEAR:   FR / SO / JR / SR   BIRTHDATE:______________
SPORT(S):___________________ SU ID #:____________________
LOCAL ADDRESS:______________ LOCAL PHONE:_____________ DORM:__________ ROOM#:_____
FATHER________________    MOTHER________________
ADDRESS:________________________________________________________________________
CITY:________________________________________ STATE:___________ ZIP:__________
PHONE:(home)_______________ (Work-Father)_______________ (Work-Mother)_____________
EMERGENCY CONTACT:________________  RELATIONSHIP:________________ PHONE:________________

SCHOOL INSURANCE: (SECONDARY)    PRIVATE INSURANCE: (PRIMARY)
IS THIS PRIMARY INSURANCE A: HMO? OR PPO?

NAHGA Claim Services
P.O. Box 189
Bridgton, ME 04009
Phone (800)952-4320, Fax (207)647-4569
E-mail: eiia@nahga.com

NAME:_____________________________________________________
MAILING ADDRESS:________________________________________________________________________
PRE-AUTHORIZATION PHONE:_______________________________
GROUP #:________________________________________________
POLICY #:______________________________________________
OTHER #:_______________________________________________
EMPLOYEE:__________________________________________

BASIC HEALTH INFORMATION

KNOWN ALLERGIES:________________________________________________________________________________________
CURRENT MEDICATION(S):__________________________________________________________________________________
SPECIAL MEDICAL PROBLEMS:______________________________________________________________________________
OTHER IMPORTANT INFORMATION:____________________________________________________________________________

MEDICAL RELEASE FOR TREATMENT

I authorize _____________________________ or other Southwestern University faculty/staff person or sport club representative to
Name of Coach or Athletic Trainer
authorize on my behalf all appropriate medical treatment which may be required in the event of an illness or injury to
Name of Student            +           SU ID #
resulting in any manner from
participating in Southwestern University's Sport Club Program. This authority is intended to cover any illness or injury sustained
while traveling to, from, or while participating in any sport club event, practice session, or other event associated in any way with my
participating in the Sport Club Program.

DATE _____________________________ STUDENT'S SIGNATURE _____________________________

DATE _____________________________ PARENT/GUARDIAN SIGNATURE IF STUDENT IS UNDER 18
NAME: ____________________________________________ DATE: ____________________________

(Last) (First) (MI)

LOCAL ADDRESS: __________________________________ LOCAL PHONE: ________________

DATE OF BIRTH: __________ AGE: ____ SU ID.# ____________________ SPORT CLUB : __________________

PARENT INFORMATION

FATHER: ____________________________________________ MOTHER: __________________________

ADDRESS: __________________________________________ ADDRESS: __________________________

(street) (street)

___________________________________________ (city, state, zip code) __________________________

PHONE: (H) __________________ (W) __________ PHONE: (H) __________________ (W) __________

PHYSICIAN INFORMATION

FAMILY PHYSICIAN: __________________________________ PHONE: __________________________

ADDRESS: ________________________________________ (City, State, Zip Code)

(RECORD OF ILLNESS

(Check those that you have had; star those that you have had during past year)

___Allergies ___Hay Fever ___Mononucleosis
___Appendicitis or ___Heart Disease or ___Mumps
___Appendectomy ___Heart Trouble ___Poliomyelitis
___Arthritis ___Heat Exhaustion ___Pneumonia
___Asthma ___Hepatitis ___Rheumatic Fever
___Bronchitis ___Hernia or Rupture ___Scarlet Fever
___Chickenpox ___Hives ___Smallpox
___Convulsions or Fits ___Influenza ___Tonsillitis or
___Diabetes ___Kidney Disease or ___Tonsillectomy
___Diphtheria ___Bladder Problem ___Tuberculosis
___Epilepsy ___Malaria ___Ulcer
___Frequent Colds ___Measles ___Whooping Cough
___Bone & Joint Diseases ___List Other Illnesses By Name:
___Skin Diseases ___Other _________________________

EYES

Yes__No__ Do you wear contact lenses? Yes__No__ Have you ever had an eye injury?

If yes, what type? Hard___ Soft___ Extended Wear___ If yes, what type? ______________________

(continued on back of page)
RECORD OF SYMPTOMS
(Check those that you have had; star those that you have now)

<table>
<thead>
<tr>
<th>Symptom</th>
<th></th>
<th>Symptom</th>
<th></th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aching Eyes</td>
<td></td>
<td>Blood in Urine</td>
<td></td>
<td>High Blood Pressure</td>
</tr>
<tr>
<td>Sties</td>
<td></td>
<td>Sugar in Urine</td>
<td></td>
<td>Frequent/Painful Urination</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td></td>
<td>Gall Bladder Trouble</td>
<td></td>
<td>Heart Murmur</td>
</tr>
<tr>
<td>Inflamed Eyelids</td>
<td></td>
<td>Abdominal Pain</td>
<td></td>
<td>Toothaches</td>
</tr>
<tr>
<td>Ringing in Ears</td>
<td></td>
<td>Diarrhea</td>
<td></td>
<td>Swollen or Painful Joints</td>
</tr>
<tr>
<td>Difficulty in Hearing</td>
<td></td>
<td>Jaundice</td>
<td></td>
<td>Backache</td>
</tr>
<tr>
<td>Ear Fluid Discharge</td>
<td></td>
<td>Vomiting</td>
<td></td>
<td>Leg Pains - Cramps</td>
</tr>
<tr>
<td>Ear Infections</td>
<td></td>
<td>Fluid Retention</td>
<td></td>
<td>Constipation</td>
</tr>
<tr>
<td>Nasal Discharge</td>
<td></td>
<td>Indigestion</td>
<td></td>
<td>Insomnia</td>
</tr>
<tr>
<td>Sinus Infection</td>
<td></td>
<td>Boils</td>
<td></td>
<td>Motion Sickness</td>
</tr>
<tr>
<td>Nosebleed</td>
<td></td>
<td>Acne</td>
<td></td>
<td>Jaundice</td>
</tr>
<tr>
<td>Sore Throat</td>
<td></td>
<td>Eczema</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Cough (Prolonged)</td>
<td></td>
<td>Hemorrhoids</td>
<td></td>
<td>Explanation</td>
</tr>
<tr>
<td>Hoarseness(Laryngitis)</td>
<td></td>
<td>Painful Urination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td>Swelling of Ankles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blackouts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you check or star any of the above, please explain in detail:

******************************************************************************

FAMILY HISTORY
Has anyone in your immediate family (e.g. father, sister and/or yourself) had any of the following?
(Please circle and give relation)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>Sickle Cell</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Early Death Before Age 35</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Important Note:** If you indicate yes to any of these items for yourself and/or your immediate family, SIRA strongly recommends that you visit SU Health Services to be evaluated before beginning participation in the Sport Club program. SIRA staff notes:

******************************************************************************

ALLERGIES
Please check or list and specify:

<table>
<thead>
<tr>
<th>Allergy</th>
<th></th>
<th>Allergy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any allergies?</td>
<td>Yes No</td>
<td>Adhesive Tape</td>
<td></td>
</tr>
<tr>
<td>Hay Fever</td>
<td></td>
<td>Foods</td>
<td></td>
</tr>
<tr>
<td>Poison Ivy or Oak</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Drugs or medications</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICATION/TREATMENT
Are you taking any medication at the present time? Yes No
List all drugs or medicine with daily or regular doses:

Have you required any special adhesive taping, wrapping or protective services (braces for participation in athletic competition)? Yes No Please specify in detail and for what part of the body these items are needed:

CERTIFICATION
I certify that the medical history above is accurate and complete, to the best of my knowledge.

Date: __________________________ Signature: __________________________