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 can participate in any 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.

4. The Sport Club officer(s) in charge of safety must keep the copies of the Medical History and the Emergency Information with the FA Kit, all of which should be on location at any club practices and/or events. At no time should a member participate who does not have his/her Medical History and Emergency Information on location.

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 (ie. driving self) 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.

In addition, I do hereby release Southwestern University, its faculty and staff members, and SIRA of any responsibility of liability in case of any personal injury sustained by me or damage to property of others caused by me while participating 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 #
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 a club's activities (practices or games) without first having completed and signed current medical forms.

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 "excess" insurance policy information is available online at: [http://southwesternpirates.com/training/insurance](http://southwesternpirates.com/training/insurance)

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.

6) 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 to 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.

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 PHONE:____________
LOCAL ADDRESS:________________ SU ID #:____________________ 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?

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 authorize on my behalf all appropriate medical treatment which may be required in the event of an illness or injury to

________________________________________________________
Name of Coach or Athletic Trainer

________________________________________________________
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
SOUTHWESTERN UNIVERSITY
INTRAMURAL & RECREATIONAL ACTIVITIES
SPORT CLUB PROGRAM
CJR 215 - 863-1606

Medical History

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) (city, state, zip code)
PHONE: (H)________________(W)________________ PHONE: (H)________________(W)________________

PHYSICIAN INFORMATION

FAMILY PHYSICIAN:____________________________________ PHONE:____________________________________
ADDRESS:________________________________________
(Street) (City, State, Zip Code)

FAMILY HISTORY

Has anyone in your family had any of the following? (Please circle and give relation)

Heart Disease_________________________ Diabetes_________________________
High Blood Pressure_____________________ Heart Disease____________________
Sickle Cell_____________________________ Other_____________________________
Cancer_______________________________ Explanation_________________________

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 Tonsillectomy ________________________
____ Diabetes Kidney Disease or Tuberculosis ________________________
____ Diphtheria Bladder Problem Ulcer ________________________
____ Epilepsy Malaria Whooping Cough ________________________
____ Frequent Colds Measles Other ________________________
____ Bone & Joint Diseases ________________________
____ Skin Diseases ________________________ List Other Illnesses By Name:

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Symptom</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aching Eyes</td>
<td>Blood in Urine</td>
<td>High Blood Pressure</td>
</tr>
<tr>
<td>Styes</td>
<td>Sugar in Urine</td>
<td>Frequent/Painful Urination</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td>Gall Bladder Trouble</td>
<td>Heart Murmur</td>
</tr>
<tr>
<td>Inflamed Eyelids</td>
<td>Abdominal Pain</td>
<td>Toothaches</td>
</tr>
<tr>
<td>Ringing in Ears</td>
<td>Diarrhea</td>
<td>Swollen or Painful Joints</td>
</tr>
<tr>
<td>Difficulty in Hearing</td>
<td>Jaundice</td>
<td>Backache</td>
</tr>
<tr>
<td>Ear Fluid Discharge</td>
<td>Vomiting</td>
<td>Leg Pains - Cramps</td>
</tr>
<tr>
<td>Ear Infections</td>
<td>Fluid Retention</td>
<td>Constipation</td>
</tr>
<tr>
<td>Nasal Discharge</td>
<td>Indigestion</td>
<td>Insomnia</td>
</tr>
<tr>
<td>Sinus Infection</td>
<td>Boils</td>
<td>Motion Sickness</td>
</tr>
<tr>
<td>Nosebleed</td>
<td>Acne</td>
<td>Recent Weight Gain/Loss</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>Eczema</td>
<td>Tumor, Growth, Cyst</td>
</tr>
<tr>
<td>Cough (Prolonged)</td>
<td>Hemorrhoids</td>
<td>Shortness of Breath</td>
</tr>
<tr>
<td>Hoarseness(Laryngitis)</td>
<td>Painful Urination</td>
<td>Chest Pains</td>
</tr>
<tr>
<td>Headaches</td>
<td>Swelling of Ankles</td>
<td>Palpitation/Pounding Heart</td>
</tr>
<tr>
<td>Blackouts</td>
<td></td>
<td>Fainting Spells/Dizziness</td>
</tr>
</tbody>
</table>

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

---

### EYES
- Yes___ No___ Do you consider your vision to be normal in each eye without corrective lenses?
- Yes___ No___ Had eye exam in past two years?
- Yes___ No___ Do you have a peripheral vision problem?
- Yes___ No___ Do you wear contact lenses?
  - If yes, what type? Hard___ Soft___ Extended Wear___
- Yes___ No___ Do you wear glasses?
  - Yes___ No___ Are you near-sighted?
- Yes___ No___ Do you have a "lazy eye"
- Yes___ No___ Are you color blind?
- Yes___ No___ Have you ever had eye surgery?
  - If yes, what type?_____________________

### ALLERGIES
Please check or list and specify:
- Do you have any allergies? Yes___ No___
- Adhesive Tape________________________________
- Hay Fever ___________________________________
- Foods________________________________________
- Poison Ivy or Oak_____________________________
- Other________________________________________
- Drugs or medications_________________________

### TONSILS
- Present_____ Removed_____ Have frequent sore throats? _________

### 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: ___________________________