

PRE-PARTICIPATION ATHLETIC CHECK LIST
(ALL ATHLETES NOT ON THE TEAM DURING THE PREVIOUS YEAR)

THE DEADLINE FOR RETURNING THIS PACKET IS JULY 1st!!

This Checklist will assist you in properly completing EACH page of this packet. If, after reading this checklist and packet, something is still unclear, or you have questions, please contact our Head Athletic Trainer, Kevin King at (417) 865-2815 X 7348, one of our Assistant Athletic Trainers, Megan Kennedy (X 7246), Neil Moore (X 7355) or Sarah Walters (X 7391), or our Athletics Department Administrative Assistant, Faye Liddle (X 7282). Athletes will **NOT** be permitted to practice or work out until their completed packet is on file with the Athletic Training Department.

- **Step 1:** Read *Dr. Stair's Letter* (p.2) regarding Evangel's policy on athletic insurance and verify directly with your insurance provider that your insurance meets the three (3) conditions listed in the letter.
- **Step 2:** Complete and sign the *Athletics Insurance Verification* form (p.3) **Please Note: This form must be notarized, so make sure the Policyholder signs it in the presence of a Notary Public.**
- **Step 3:** Read the *Athletic Training Staff Letter* (p.4) and then read and sign the *Full Acceptance of Risk* form (p.5), the *Waiver & Release of Liability for Sport Participation* form (p.6), the *Medical Treatment Consent and Arbitration* form (p.7), and the *Protected Health Information* form (p.8).
- **Step 4:** Read the *Explanation of Authorized Disclosure of Protected Health Information* document (p.9), and then read and sign the *Authorization of the Release of Medical Information to Non-Medical Persons* form (p. 10).
- **Step 5:** Read and sign the *Substance Abuse Policy* (p.11).
- **Step 6:** Read and sign the *Evangel University Athletics—Miscellaneous Policies* (p.12).
- **Step 7:** Complete and sign the *Pre-Participation Health History Questionnaire* (p.13-14).
- **Step 8:** (Optional) Complete the Booster Club form (p. 15).
- **Step 9:** Attach a readable copy of the **Front and Back** of your current Primary Medical Insurance card.
- **Step 10:** Make copies of the entire packet for your records.
- **Step 11:** Assemble all pages (please do not staple them) and send the **originals**, via USPS, to:

Evangel University Athletics
Attn: Athletic Training Department
1111 N. Glenstone Ave.
Springfield, MO 65802

Dear Parent,

Evangel University Athletics enjoys a rich history of success and our community is eager to watch as your student-athlete contributes to that legacy. We hope your attendance at contests, Homecoming, Senior Recognition Days and Awards Events will make these events unforgettable for them throughout their athletic career.

All sports inherently present risk for injury that could necessitate medical care. Therefore, every student-athlete must first complete the pre-participation athletics packet before being issued equipment, uniforms, or being permitted to participate in ANY team activity. Once completed, they will be cleared by their team's Certified Athletic Trainer and have access to some of the finest sports medicine and healthcare services in Missouri. Evangel's sports medicine team arranges for ALL pre-participation physical exams, consults, procedures and treatments of athletic related conditions sustained by the student-athlete.

Full payment for all such services is the primary responsibility of the student, their parent(s)/guardian(s) and/or their insurance carrier(s). **Before participating IN ANY WAY**, every student-athlete must first show that they are covered by at least a primary medical insurance policy (not just a supplemental policy) for up to a limit of \$25,000 per accidental injury. Coverage must continue at ALL TIMES that the athlete is representing Evangel University. **To avoid unnecessary complications, WE STRONGLY URGE YOU to contact your policy provider directly and verify that your primary policy meets the following conditions:**

- The policy covers services rendered by Cox Health System providers **and/or** Mercy St John's Health System providers **and/or** Ozark Community Hospital providers **and/or** some other Springfield, Missouri Health System provider.
- The policy is set up to pay IN SPRINGFIELD for athletic training services, physician consultations, diagnostic testing/procedures, emergency and elective surgeries, hospital stays/services, medications, durable medical equipment and in-patient or out-patient rehabilitation for all:
 - Pre-existing and congenital medical conditions
 - Injuries sustained while participating in Evangel team-sponsored events
 - Non-athletic injuries and those not related to Evangel team-sponsored events
 - Illnesses (colds, flu, etc)
 - Athletic injuries that are referred out without being authorized by Evangel Sports Medicine Staff or the Athletic Director
- The policy covers treatment of ALL athletic injuries in ALL 50 STATES (including MISSOURI) and in foreign countries

If your primary policy does *NOT* meet these conditions, then you will need to purchase a supplementary policy that will fill in the gaps. Your policies can carry as high of a deductible as you feel is prudent for your financial situation. However, you will be responsible for all deductibles and any remaining balances after your policies have paid their portions of any bill incurred **and/or** if you allow your policies to lapse. Evangel University carries Catastrophic Insurance that takes effect only after \$25,000 of bills have been paid towards a single injury. **EVANGEL UNIVERSITY WILL NOT PAY ANY INSURANCE CLAIM.**

We are committed to ensuring safety in participation and the highest quality of care in helping any ill or injured athlete return to play as soon as is medically prudent. Your part is to make sure your student-athlete has the appropriate insurance coverage to be able to protect both them and your own financial security.

If you have questions about any part of this packet, please contact our Head Athletic Trainer, Kevin King at (417) 865-2815, X 7348 or our Athletics Department Administrative Assistant, Faye Liddle at (417) 865-2815, X 7282.

Sincerely,

Dr. David L. Stair

Dr. David L. Stair
Director of Athletics

ATHLETICS INSURANCE VERIFICATION FORM—ACADEMIC YEAR ENDING 20 _____
(COMPLETE IN BLACK INK, LEAVING NO BLANKS EMPTY)

Student Demographic Information

Name: _____
(Last) (First) (M)

Date of Birth: _____ Age: _____ Gender: M F

Social Security Number: _____ - _____ - _____

Select Your Sport(s): ___ Baseball; ___ Basketball; ___ Cheer
___ Cross Country; ___ Football; ___ Golf; ___ Softball;
___ Tennis; ___ Track & Field; ___ Volleyball

Student Contact Information

Home Mailing Address:

(Street) (Apt)

(City) (State) (Zip)

_____ **Home Phone:** (_____) _____
(Country)

Local Address:

(Street) (Apt/Dorm Rm)

(City) (State) (Zip)

Cell Phone: (_____) _____

Email: _____

In Case of an Emergency, Please Notify:

Name 1: _____ Relation: _____

Daytime Ph: (_____) _____ Ext. _____

Evening Ph: (_____) _____ Ext. _____

Email: _____

Name 2: _____ Relation: _____

Daytime Ph: (_____) _____ Ext. _____

Evening Ph: (_____) _____ Ext. _____

Email: _____

Insurance Coverage Verification

Provider Information:

Company Name: _____

Place a before **ALL** Health Systems covered by your plan.
 CoxHealth St. John's Ozarks Community Hospital

Policyholder Information:

Name: _____
(Last) (First) (M)

Date of Birth: _____ SSN: _____ - _____ - _____

Policyholder's Address: _____
(Street) (Apt)

(City) (State) (Zip) (Country)

Phone: (_____) _____ Employer: _____

This is to verify that the above named primary major medical insurance policy (not a secondary policy) will apply to injuries and follow-up care incurred as a result of athletic participation for Evangel University, and that it will pay for medical and athletic training service charges incurred at any location where illness, injury or follow-up treatment should occur, or I will personally be responsible for same. This policy will also cover medical charges incurred in treating any pre-existing injury or I will personally be responsible for same.

If coverage changes, or is discontinued, it is my responsibility to inform Evangel in writing, in advance. I will be responsible for all bills if a Twenty Five Thousand Dollars (\$25,000.00) per occurrence policy is not in effect at the time of injury and treatment.

As the insurance policyholder of _____ (student-athlete), I do hereby state that I have read, understand and agree to the conditions of participation outlined in all pages of the summer mailing packet.

Reminder: Coverage must be at least \$25,000 per injury & must pay for treatment in the state of Missouri!!!

(Policyholder's Signature)

(Date)

(Notary Public)

(Date)

(Expiration)

EVANGEL UNIVERSITY
ATHLETIC TRAINING DEPARTMENT
1111 N. Glenstone Ave · Springfield, Missouri 65802
Phone: (417) 865-2815 · Fax: (417) 575-5494

Hello,

Congratulations on your decision to become part of the Evangel University family!

As an Athletic Training staff, we would like to wish you a warm welcome to Evangel University. We are charged with monitoring your overall health and physical well-being during your tenure as a student-athlete. In the event that you ever become ill or sustain injury while representing Evangel University, we will be your primary point of contact for medical care and will be closely involved in assessing, diagnosing, treating and rehabilitating you from illness or injury or will refer you to one of the many other skilled health care providers that we have access to in an effort to help you return to full activity as quickly as medically possible. We are also here to offer advice to you in the areas of nutrition, strength training and conditioning and overall well-being.

Our team of health care providers consists of dedicated team physicians, certified athletic trainers and a vast network of specialty health care providers. We will arrange for all health care needs, including, but not limited to pre-participation physical examinations, consults, procedures, tests, surgeries and hospital visits or stays. Our team physician will see student-athletes in his office, often on short notice, as well as during weekly visits to our campus. Every effort is made to expedite medical care processes in an effort to minimize the amount of lost participation time in your sport. We ask only that you communicate your medical concerns to us as they happen, so that we can put those processes into motion early.

All of these services will be extended, equally, to every athlete once the necessary medical forms are completed and on file in the Athletic Training Department. These forms include:

- ***Full Acceptance of Risk*** form*
- ***Waiver & Release of Liability for Sport Participation*** form*
- ***Medical Treatment Consent & Arbitration Agreement*** form*
- ***Protected Health Information*** form*
- ***Authorization for the Release of Medical Information to Non-Medical Persons*** form*
- ***Health History Questionnaire****
- ***Pre-Participation Physical Examination*** form (completed at Evangel by our team physician)
- ***Proof of Insurance*** form* (must be signed by the policyholder and Notarized)
- ***Front/Back Readable Copy of Insurance Card***

If the student-athlete is under the age of 18, then the student-athlete's parent/guardian will also need to sign those forms marked by an * in the aforementioned list. If you have any questions, please contact one of our certified athletic trainers at (417) 865-2815, ext 7348, 7246, 7355 or 7391.

We look forward to working with you.

Sincerely,

The Evangel University Athletic Training Staff

FULL ACCEPTANCE OF RISK

Participation in the sport of _____ at Evangel University requires an acceptance of risk of injury. Participation in your sport could result in death or serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of your body, general health and well-being.

Minor and moderate injuries are very common in athletics and every participant is very likely to sustain an injury during his/her athletic career. Minor and moderate injuries in athletics include (but are not limited to) sprains, strains, contusions, abrasions, and lacerations.

However minor or severe an injury, you must report all injuries to the athletic trainer for proper inspection, treatment, and possible referral to a physician. Failure to comply will place the entire outcome of the injury in your own hands.

Protective equipment and preventative taping is available to athletes as needed in each sport. You must be aware that protective equipment and preventative taping will NOT PREVENT ALL INJURIES FROM OCCURRING! To maximize the effectiveness of protective equipment, inspect it daily and exchange all defective equipment. Make sure all equipment is properly adjusted and worn during all games and practices.

I have read the preceding information and certify that I am physically fit to participate in the sport of _____ at Evangel University. I fully KNOW, UNDERSTAND, AND APPRECIATE the risks inherent in this sport, and I VOLUNTARILY participate in this activity. I hereby release all Evangel University coaches, athletic trainers, and school officials from negligence resulting in injury and liability for any injury I sustain while participating in this extracurricular activity.

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for (me) my child/ward to participate in the sport and travel with the team.

THIS AUTHORIZATION EXPIRES SIX YEARS FROM THE DATE IT IS SIGNED!

Name of Student Athlete (Please Print): _____

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Date

WAVIER & RELEASE OF LIABILITY FOR SPORT PARTICIPATION

I am aware that trying out, practicing, playing, or any other form of participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY.

I understand that the risks of engaging in the sport of _____ 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 virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, health, and well-being.

I also understand that the dangers and risks of engaging in the above sport may result not only in serious injury, but in a serious impairment of the future abilities of (me) my child/ward to earn a living, and to engage in business, social and recreational activities and generally to enjoy life.

Because of the risks described above, I recognize the importance of (me) my child/ward listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport, and other team rules. I also recognize the importance of (me) my child/ward reading and adhering to all written instructions and written warnings regarding playing techniques, training methods, rules of the sport and other team rules. We (I) therefore expressly agree to obey all of the coach's instructions and warnings.

In consideration of Evangel University permitting (me) my child/ward to try out, practice, play or in any other way participate for the Evangel University _____ team (indicate sport), and to engage in all the activities related to the team, including practicing, conditioning, playing, and traveling, I **HEREBY ACKNOWLEDGE THAT (I) MY CHILD/WARD ASSUMES ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION, I EXPRESSLY CONSENT TO SUCH PARTICIPATION BY (MYSELF) MY CHILD/WARD AND I AGREE TO WAIVE ALL CLAIMS OF WHATEVER NATURE, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my successors, and for all members of my family, and to release, exonerate, discharge and hold harmless the above named university, their trustees, officers, agents, servants, employees, successors and assigns, their athletic staffs, all coaches, assistant coaches, athletic trainers, physicians, and other practitioners of the healing arts from any and all liability, claims, causes of actions or demands arising out of any injuries to (me) my child/ward or to (my) his or her property or losses of any kind which may result from or in connection with (my) his or her participation in any activity related to the Evangel University _____ team (indicate sport).**

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to (me) my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risks inherent in sports through meetings, written handouts, or some other means.

THIS AUTHORIZATION EXPIRES SIX YEARS FROM THE DATE IT IS SIGNED!

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Date

EVANGEL UNIVERSITY
ATHLETIC TRAINING DEPARTMENT
1111 N. Glenstone Ave · Springfield, Missouri 65802

PROTECTED HEALTH INFORMATION

Name of Student-Athlete: _____ **Sports(s):** _____

The undersigned hereby authorize(s) any medical provider of the Student-Athlete listed above, associated with Evangel University, including specifically, Cox Sports Medicine personnel, Cox Health System Physicians and their support personnel, team Certified Athletic Trainers, Evangel University Health Center Personnel, Emergency Medical Services Personnel and any other medical providers outside of the Cox Health System involved in the care of Evangel University student-athletes to provide medical treatment and to use and disclose among themselves information pertinent to the proper and complete care of the athlete's illnesses, injuries and conditions. I understand that my refusal to sign this authorization will affect the Student-Athlete's ability to participate in athletics.

Signature of Student-Athlete

Date

Signature of Parent/Guardian
(If Student-Athlete is under age 18)

Date

EXPLANATION OF AUTHORIZED DISCLOSURE OF PROTECTED HEALTH INFORMATION

As a student-athlete under the care of the sports medicine staff of Evangel University, you have the following rights regarding the privacy and confidentiality of your medical records:

- To confidential treatment of all information, communications, and records pertaining to your care. Written permission from you or your legally designated representative shall be obtained before medical records can be made available to anyone not directly concerned with your care. You and/or your legally designated representative are entitled to access the information contained in your medical record, within the limits of the law.
- To full consideration of privacy concerning your treatment and rehabilitation plan. Case discussion, consultation, examination, and treatment are confidential and will be conducted discreetly.
- To be advised as to the reason for the presence of any individual during the course of your medical care.

The United States Department of Health and Human Services has adopted privacy standards – “the HIPPA Privacy Standards”—that protect your health information. The HIPPA Privacy Standards establish rules for when health care providers may use or disclose your health information. Importantly, the HIPPA Privacy Standards also tell us what we cannot do with your health information.

The Athletic Training Department has policies and procedures in place to safeguard the privacy of your medical records and protect you from unnecessary disclosure of your health information. In an athletics setting, there are many parties who can potentially have access to your health information, especially in routine injury situations. These parties include coaches and athletics staff; parents or guardians; media representatives from print, radio, and television; teammates; athletic training education program students and other student members of the sports medicine staff; and professional teams and their scouts.

In the event that you sustain an injury while participating, it is important to understand that we may need to talk with your coaches, parents, and/or other people involved in your care in order to determine the best treatment options. When doing so, we may discuss issues relevant to your care and participation status only under the following circumstances:

- a. You have given us oral consent or implied consent through your actions. For example, you may ask members of your coaching staff or family into an exam room to discuss your injury circumstances, treatment options, and activity status.
- b. You have signed authorization forms permitting us to disclose pertinent health information to the parties mentioned (coaches and athletics staff; parents or guardians; media representatives from print, radio, and television; teammates; athletic training education program students and other student members of the sports medicine staff; and, professional teams and their representatives).

You have the right to restrict disclosure of your health information to any of the parties by refusing to sign the appropriate authorization form. If you choose to do so, you must write, “**REFUSED TO AUTHORIZE**” on the form and include your signature and date for validity purposes. Also, you have the right to revoke any of your signed authorizations. For example, during your career as a student-athlete you may be confronted with a sensitive healthcare issue that you feel requires the utmost confidentiality and privacy. In order for you to revoke your signed authorizations under these circumstances, you must discuss your intention with your providers (e.g., team physicians and athletic trainers) and a new form will be processed that restricts disclosure of this health information.

Even though you have signed authorization permitting us to share your health information, it is imperative to note that we are not obligated to do so. In accordance with the HIPPA Privacy Standards, we will respect the privacy of your health information by releasing only the minimum information necessary to protect your health and safety, and we will strive to do everything necessary to ensure the confidentiality of your medical records.

IF YOU REFUSE TO SIGN ANY OF THE MEDICAL RELEASE OR AUTHORIZATION FORMS, YOU MUST WRITE, “REFUSED TO AUTHORIZE” AND INCLUDE YOUR SIGNATURE AND THE DATE.

EVANGEL UNIVERSITY
ATHLETIC TRAINING DEPARTMENT
1111 N. Glenstone Ave · Springfield, Missouri 65802

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION TO NON-MEDICAL PERSONS

Name of Student-Athlete: _____ **Sports(s):** _____

By signing this document I do hereby authorize the Evangel University Sports Medicine Staff (i.e. physicians and certified athletic trainers) to release information concerning my/my student-athlete’s injuries, illnesses and/or conditions, related to past, present and future participation as an athlete at Evangel University, the diagnosis and prognosis of said illnesses, injuries and/or conditions, my/my student-athlete’s medical status and related personally identifiable health information to the individuals and/or groups of individuals specified below, exclusively for the reasons specified below, as indicated by my initials next to each group listed and my signature at the bottom of this document. My approval of the release of such information is granted solely for the purposes explicitly stated next to each listed individual/group of individuals.

THESE AUTHORIZATIONS EXPIRE SIX YEARS FROM THE DATE EACH SIGNATURE IS PROVIDED.

Group Authorized to Receive Protected Information	Approved Use of Protected Information	Student-Athlete’s Initials	Parent/Guardian Initials (If Student-Athlete is under age 18)
<i>My Parent(s)/Guardian(s)</i>	<i>So they may assist me in making healthcare decisions, and for filing, disputing or resolving insurance claims.</i>		
<i>Coaches/Athletics Staff</i>	<i>To help them make informed decisions regarding my athletic ability and suitability to continue competing or return to competition.</i>		
<i>Print, Radio, Television and other Media</i>	<i>So they may report on it.</i>		

I understand that the entities that receive the information are not health care providers or health plans covered by federal privacy regulations, and that the information described above may be re-disclosed publicly and that the information will no longer be protected by those regulations.

I understand that Evangel University will not receive compensation for its use/disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain medical treatment. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization by notifying in writing the Athletic Training Department, but if I do, it will not have any effect on actions Evangel University took in reliance on this authorization prior to receiving the revocation.

Signature of Student-Athlete

Date

Signature of Parent/Guardian
(If Student-Athlete is under age 18)

Date

**EVANGEL UNIVERSITY
ATHLETIC TRAINING DEPARTMENT**

Miscellaneous Policies

Student-Athlete Name: _____

Academic Year Ending 20_____

Equipment Issue and Use Policy

Sometimes it will be necessary for student-athletes to be temporarily issued equipment or supplies (i.e. pads, braces, crutches, etc) necessary for safe participation in their sport or for treatment/rehabilitation of an injury or illness. When possible, this equipment will come from our in-house supply. Student-athletes are **not charged** for the use of this equipment **unless they fail to return it** when its use is no longer necessary or at the end of the season, whichever comes first. Failure to properly care for and return the equipment in reasonable condition (minus normal wear and tear) will result in the student-athlete being charged the replacement cost of the equipment. Failure to pay for its replacement will result in a “hold” being placed on the student-athlete’s grades until the fee is paid in full.

I have read, understand and agree to be held accountable to this policy.

Signature of Student-Athlete

Date

Signature of Parent/Guardian

(If Student-Athlete is under age 18)

Date

Return to Play Policy

In **ALL** cases where an Evangel University student-athlete has been **limited in/restricted from** participating fully in conditioning/weightlifting activities, practice sessions and/or competition for reasons of injury, illness or pre-existing medical conditions, the well-being of the student-athlete (not game situations, critical deadlines or desire to win/succeed), will take precedence when determining the student-athlete’s ability to be safely upgraded in their practice and game participation status **to any status level greater than their current status**.

The **Evangel University Team Physician** or his/her designee, in consultation with the staff certified athletic trainer, has the **final authority** in deciding if and when an injured student-athlete may be upgraded in their status for participation in conditioning/weightlifting, practice sessions, and/or competitions. Any student-athlete seen or treated by an outside (off-campus) physician must return to their respective team’s assigned certified athletic trainer for follow-up and final clearance prior to their participation status being upgraded. If a student-athlete is under the care of a private physician for an injury or illness and the physician’s treatment precludes or alters the activity in intercollegiate athletics, the student-athlete must secure, **in writing**, and present to their respective team’s assigned certified athletic trainer, a release to upgrade their participation status. This alteration of activity by an outside physician must be agreed upon by an **Evangel University Team Physician** before the student-athlete’s participation status will be upgraded. No student-athlete will be allowed to return to full participation until the Evangel University Sports Medicine team has received a release from the Evangel University Team Physician and it is added to the medical record of that student-athlete.

I have read, understand and agree to be held accountable to this policy.

Signature of Student-Athlete

Date

Signature of Parent/Guardian

(If Student-Athlete is under age 18)

Date

PRE-PARTICIPATION HEALTH HISTORY QUESTIONNAIRE
(ALL ATHLETES NOT ON THE TEAM DURING THE PREVIOUS YEAR)

Name: _____	Gender: Male__ Female__	Eligibility Yr: 1 2 3 4 5 6
Home Address: _____	Current Age: _____	Sport 1: _____ Position: _____
Local or Cell Phone: _____	Date of Birth: _____	Sport 1: _____ Position: _____
Email Address: _____	SSN: ____-____-____	Sport 1: _____ Position: _____

IF YOU ANSWER “YES” TO ANY QUESTION, PLEASE EXPLAIN. (For example: **Dates** of illnesses, injuries and diagnoses, **Names, Dosages and Frequency of use** of medications & supplements, **Family Relationship** regarding illnesses/deaths of family members, **Body part involved** regarding conditions, injuries and procedures). **CIRCLE QUESTIONS YOU DON’T KNOW ANSWERS TO.**

	No	Yes	Detailed Explanation of Circumstances
1. Has a doctor ever denied or restricted your athletic participation for any reason?			
2. Do you have any ongoing medical condition (like asthma or diabetes)?			
3. Are you currently using any prescription or non-prescription (OTC) medications, vitamins, minerals or supplements?			
4. Do you have allergies to medicines, pollens, foods or stinging insects?			
5. Have you ever passed out OR nearly passed out during OR after exercise?			
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?			
7. Does your heart race or skip beats during exercise?			
8. Has a doctor ever told you that you have (check all that apply):			
High Blood Pressure			
Heart Murmur			
High Cholesterol			
Heart Infection			
9. Has a doctor ever ordered an ECG or Echocardiogram for your heart?			
10. Has anyone in your family died for no apparent reason?			
11. Does anyone in your family have Marfan syndrome?			
12. Has any family member or relative died of heart problems or of sudden death before age 50?			
13. Does anyone in your family have a heart problem?			
14. Have you ever spent the night in the hospital?			
15. Have you ever had surgery?			
16. Has a doctor ever told you that you have asthma or allergies?			
17. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
18. Does anyone in your family have asthma?			
19. Have you ever used an inhaler or taken asthma medicine?			
20. Were you born without or are you missing any organ (kidney, eye, testicle, etc)?			
21. Have you ever had infectious mononucleosis (mono) within the last month?			
22. Do you have any rashes, pressure sores or skin problems?			
23. Have you had a herpes skin infection?			
24. Have you had any other infections (including STD’s)?			
25. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?			
26. Have you had any problems with your eyes or vision?			
27. Do you wear glasses or contacts lenses? Hard or Soft? During athletics or only for reading?			
28. Do you wear protective eyewear (i.e. goggles or face shield)?			
29. Have you had problems with your ears or hearing? Do you wear an assistive hearing device?			
30. Have you ever had a head injury or concussion? If so, list the date of each one and if there was loss of consciousness (LOC).			

31. Have you been hit in the head or fallen and afterwards been confused or lost your memory?			
32. Have you ever had a seizure?			
33. Do you have headaches with exercise?			
34. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?			
35. Have you ever been unable to move your arms or legs after being hit or falling?			
36. When exercising in the heat do you have severe muscle cramps or become ill?			
37. Is Springfield's climate or altitude vastly different from where you live when you are not at school?			
38. Have you traveled to any third-world countries? If so, did you become ill while there or since returning?			
39. Are you happy with your current weight? If not, what is your goal weight? How soon do you want to reach that goal?			
40. Has anyone ever recommended you change your weight or eating habits? What was recommended?			
41. Do you limit or carefully control what you eat?			
42. Have you ever been told that you have, or have you had an x-ray to rule out atlantoaxial (neck) instability?			
43. Do you currently have any metal, plastic or silicone (hardware, implants, shrapnel or medical devices or other) inside your body?			
44. Are you claustrophobic (afraid of small, enclosed spaces)?			
45. Have you ever sustained an <i>Amputation, Dislocation, Fracture, Infection, Inflammatory Episode, Sprain, Strain, Stress Fracture, Subluxation, or Tendinitis</i> OR have you ever required a <i>Bone Scan, Brace, Cast, Crutches, CT Scan, Diagnostic Ultrasound, Injection, MRI, Occupational Therapy, Physical Therapy, Rehabilitation, Surgery or X-Rays</i> for an injury/condition relating to:			
46. Head, Eyes, Ears, Nose, Face, or Jaw			
47. Cervical, Thoracic, or Lumbar Spine			
48. Sacrum or Hip			
49. Chest, Upper Abdomen, or Lower Abdomen			
50. Shoulder or Upper Arm			
51. Elbow or Forearm			
52. Wrist, Hand, Fingers or Thumb			
53. Groin or Upper Thigh			
54. Knee or Lower Leg			
55. Ankle, Foot or Toes			
56. Do you have any concerns you wish to address with the doctor?			
FEMALES ONLY			
57. Have you ever had a menstrual period?			
58. How old were you when you had your first menstrual period?			
59. How many menstrual periods have you had in the last 12 months?			

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Date

EVANGEL UNIVERSITY CRUSADER ATHLETICS BOOSTER CLUB

Our goal as Crusader Boosters is to help Evangel's athletics teams remain highly competitive in the Heart of America Conference. Your gift to the Crusader Booster Club is tax deductible.

For up-to-date information, please visit our Evangel University Web-Site www.evangel.edu and become a fan of Evangel sports on Facebook and Twitter. Links can be found on our home page.

Levels of Membership

	BOOSTER \$150-299	KNIGHT \$300 - 499	CRUSADER \$500 - Up
Benefits	Certificate	Standing plaque	Wall Plaque

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