Dear Student,

Thank you for your interest and passion to be a part of SUNY Oneonta Red Dragons!

Before you will be eligible to try out for a team, there are some medical requirements to be completed:

- **Medical Exam**
  In the attached packet you will find the medical exam form that must be completed by your primary physician. The exam date must be within 6 months of your first day of practice. This includes both non-traditional and traditional season, whichever starts first in the sport for which you plan to try out. If the date of your last medical exam falls outside of the 6-month window, you will need to schedule a new exam to be administered by your physician and have the form completed at that time. **No other medical exam form will be accepted.**

- **Try-Out Waiver**
  You must complete the try-out waiver that is included in the packet. The try-out waiver will allow you to participate and try out for a team for a maximum of 48 hours.

- **Insurance Acknowledgement Form**
  You and your parent/guardian must read, provide medical insurance information, and sign the Insurance Acknowledgement Form. This is a requirement for all students wishing to try out for any intercollegiate team. Additionally, please provide a front and back copy of your medical insurance card.

The waiver, medical exam form, insurance acknowledgement form, and front and back copy of your medical insurance card must be submitted to the team coach prior to the try-out. No electronic signatures will be accepted, all signatures must be “wet” signatures. Parent/guardian signature is required for the Insurance Acknowledgement Form, even if the student is 18 years of age or older.

We wish you great success both academically and athletically.

Sincerely,
The Athletic Training Staff
SUNY ONEONTA ATHLETIC TRAINING
Physical Examination Form for Try-Out Students

*Try-out Students – MUST BE COMPLETED WITHIN 6 MONTHS OF THE FIRST PRACTICE, NON-TRADITIONAL OR TRADITIONAL SEASON, WHICHEREVER IS FIRST*

Name_________________________ DOB______________________ Sport(s)______________________

THIS SECTION IS TO BE COMPLETED BY YOUR PRIMARY PHYSICIAN:

EXAM: Height:_____ Weight:_____ BP:__ Pulse:__ Temp:__ Vision: L__ R__ Corrected: Y or N

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>Normal</th>
<th>Abnormal Findings</th>
<th>MUSCULOSKELETAL</th>
<th>Normal</th>
<th>Abnormal Findings</th>
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<tbody>
<tr>
<td>General Appearance</td>
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<td>Neck</td>
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<td>Eyes/Ears/Nose/Throat</td>
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<td>Back</td>
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<td>Hearing</td>
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<td>Shoulder/Arm</td>
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<td>Lymph Nodes</td>
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<td>Elbow/Forearm</td>
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<td>Heart (AHA 14-point evaluation)</td>
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<td>Wrist/Hand/Fingers</td>
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<tr>
<td>Pulses</td>
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<td>Hip/Thigh</td>
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<td>Lungs</td>
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<td>Knee</td>
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<td>Abdomen</td>
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<td>Lower Leg/Ankle</td>
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<td>Genitourinary</td>
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<td>Foot/Toes</td>
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<td>Skin</td>
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☐ Yes ☐ No Patient has been diagnosed with and currently is prescribed medication for ADD/ADHD.

☐ Yes ☐ No Any pertinent physical findings (e.g. heart murmur, etc.) Specify: ________________________________

☐ Yes ☐ No Any recommendations for limitation of physical activity? Specify: ________________________________

☐ Yes ☐ No Is this individual under care for a chronic condition or serious illness? If yes, attach letter of prescribed treatment

☐ Yes ☐ No Any recommendations for special dietary requirements? Specify: ________________________________

SICKLE CELL TRAIT: Date of Testing: ___________ ☐ NEGATIVE ☐ POSITIVE ☐ N/A Testing not performed

Upon completion of a complete physical examination on______________________, I have found _________________________________

Date of Exam ____________________ Student’s Name _______________________

(Please INITIAL appropriate line)

_____ Unrestricted varsity athletic participation

_____ Conditional varsity athletic participation (Attach letter providing clarification)

_____ No varsity athletic participation (Attach letter providing clarification)

I certify that the above is complete and accurate.

Signature of Primary Physician ___________________________ Date ________________

Print Name of Primary Physician ___________________________ Address ___________________________ Phone ___________________________
SUNY Oneonta Try-Out Waiver

Assumption of Risk

I understand and am familiar with the inherent risks related to the sport of ______________. I am also well-aware that additional risks can come from factors such as faulty equipment or facilities as well as the acts of other participants. For these reasons, I know that participating in an intercollegiate sport try-out may result in serious injury, death, disability or serious impairment of future ability to earn a living and general decreased quality of life. In consideration for allowing me to try-out for intercollegiate athletics, I HEREBY ASSUME ALL RISKS, physically, emotionally, financially and legally associated with the sport and agree to release and indemnify the State of New York, the State University of New York, the College, and their officers, employees, agents and volunteers from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during or as a result of my participation in any athletics-related activities.

Medical Consent

I HEREBY AUTHORIZE the sports medicine staff at SUNY Oneonta, who are under the direction and guidance of the designated team physician(s) through Bassett Healthcare Network, to render any preventive, first aid, rehabilitative or emergent treatment that they deem reasonably necessary to maintain my health and well-being as a student-athlete engaged in this try-out.

I HAVE NO KNOWN physical/medical condition(s) that limit my ability to safely participate in try-outs for intercollegiate athletics. I certify that I am not currently using, nor have I used, any substances banned by the NCAA. I understand and accept that the State University of New York College at Oneonta Athletic training Department or its agents may terminate my participation in try-outs at any time for any reason.

In signing this Assumption of Risk and Waiver, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily, that no oral representations, statements or inducements, apart from this written agreement, have been made, that I am at least 18 years of age and fully competent (or if not, my parent or guardian is also signing), consideration, fully intending to be bound by the same.

I, ____________________________________, HAVE READ AND AGREE to the above statements.

Printed Name of Student-Athlete

___________________________________________________________________________________________

Signature of Student-Athlete ___________________________ Date __________________________

To be completed if student-athlete is under 18 years of age:

I, AS THE PARENT/ LEGAL GUARDIAN, HAVE READ AND AGREE to the above statements.

___________________________________________________________________________________________

Signature of Parent/ Legal Guardian ___________________________ Date __________________________

Printed Name of Parent/ Legal Guardian
Insurance Requirements
Primary Insurance Agreement

Any student who wishes to participate in intercollegiate athletics at SUNY Oneonta will be individually responsible for all costs associated with accidents or injury resulting from their involvement in athletics. All SUNY Oneonta student-athletes are required to be covered by personal or family health and accident insurance that covers athletic related injuries and illnesses. This is a pre-requisite for practice and competition. No student will be allowed to participate in any way until such evidence of current insurance coverage is on file with the SUNY Oneonta Department of Athletics with the Athletic Training Department. Please ensure that your insurance will be accepted at the local hospitals in the area to ensure quick and efficient treatment of your student. If you are not covered in the Oneonta area there is school health insurance that would be beneficial in the event your student athlete is injured playing a sport. You can find more information at the following website http://www.oneonta.edu/undergradcatalog/student-health-insurance.asp

SUNY Oneonta does participate with the NCAA’s Catastrophic Injury Insurance Program, which covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a $90,000.00 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at SUNY Oneonta. It is supplemental coverage in the event of a catastrophic injury. More information on this program can be found at www.ncaa.org.

SUNY Oneonta does not provide secondary insurance coverage for the costs associated with intercollegiate athletic injuries and illnesses.

Assumption of Risk and Release

In consideration and as a condition of SUNY Oneonta’s permitting my participation in activities associated with an intercollegiate athletic team, which includes but is not limited to training, trying out, practicing, playing and traveling, I freely acknowledge that I am aware of and accept the risks associated with such participation. I also acknowledge that my participation in such activities is wholly voluntary, and is not required in any way by SUNY Oneonta.

I fully recognize the dangers of participating in such activities and fully assume the risks associated with such participation, which may include, but are not limited to the possibility of serious physical and/or mental trauma or injury, the onset of serious physical and/or medical conditions, and paralysis, which may require surgery or other medical treatment. These injuries may be caused in whole or in part by numerous factors including my medical or physical condition, the action or inaction of other athletes, the conditions of premises, and the negligence of the entity or individuals released hereby. I waive, release and discharge myself, my heirs, executors, administrators, legal representatives, assignees, any and all rights or claims for injuries or losses of any description that I may have or which may hereafter result to me against SUNY Oneonta, its trustees, employees, or agents, in connection with my participation on a SUNY Oneonta intercollegiate athletic team.
Student and Parent/Guardian
Acknowledgement

We, __________________________ and __________________________, attest that the student
(Print Student name) (Print Parent/Guardian name)
has insurance coverage under a current, in force insurance policy for injuries that occur while the student is
participating in intercollegiate athletics. We understand and agree that SUNY Oneonta will assume no
responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that
occur while participating in intercollegiate athletics at SUNY Oneonta. We also understand that SUNY Oneonta
does not provide secondary insurance coverage for the costs associated with intercollegiate athletic injuries and
illnesses.

Furthermore, SUNY Oneonta Athletic Training Department requests that you provide your primary insurance
information as well as provide both front and back copies of your medical insurance card. This is a requirement in
order to be able to try-out for any intercollegiate athletics team.

INSURANCE INFORMATION:
Primary Insurance_____________________________________ Phone#______________________________
Policy #________________________ ID#________________________ Group#_________________
Policyholder’s Name_____________________________________DOB_____/_____/_____
Policyholder’s Address_____________________________________
Relationship to Athlete_____________________________________Insurance Effective Date:_______________.

We have read and understand the Primary Insurance Agreement and the Assumption of Risk and Release
Statement, and provided information regarding insurance coverage and we agree that all information provided in
this document is accurate and complete to the best of our knowledge.

______________________________________________________________
Student Signature Date

______________________________________________________________
Parent/Guardian Signature Date

Please keep the information page for your records, sign and date the signature form and give this
form to your Coach along with a front and back copy of your medical insurance card.