



# Willamette University

Athletics Department  
[www.willamette.edu/athletics](http://www.willamette.edu/athletics)

Dear Student-Athletes and Parents/Guardians,

I would like to welcome you back to Willamette University and anticipate your participation in varsity athletics. The Sports Medicine Department is charged with helping provide a safe and healthy athletic experience at Willamette University. Returning student-athletes are required to complete an updated medical history and provide proof of primary health insurance annually. The appropriate forms can be downloaded from the sports medicine section of the Athletics Department website ([www.willamette.edu/athletics](http://www.willamette.edu/athletics)). Please note that there are two packets available, one for first year and/or transfer student-athletes and one for returning students. Only download and complete the appropriate packet. If you are not sure which packet applies to you, please don't hesitate to call or email.

In these packets you will find a checklist of the necessary information for your participation in varsity athletics. **Completed packets must be submitted to Willamette University Sports Medicine by August 1, 2011. Delayed completion of these requirements will delay your ability to participate in any team activities.** Keep in mind that the forms required for participation in varsity athletics are not a substitute or related to the medical and health history forms required by the university Bishop Wellness Center.

Willamette University automatically provides a **secondary** insurance policy to all varsity athletes. This secondary policy covers any athletic related injury that you may suffer while participating in your sport during the athletics season (excluding club and intramural sports) at Willamette. Being that it is only a secondary insurance, it covers only what your primary insurance does not as long as the billed charges do not exceed "usual and customary." Please read and sign the Statement of Insurance Coverage form that can be found in the pre-participation packet. The college requires all students to have primary insurance coverage. It is necessary to provide the Sports Medicine Department with a copy, front and back, of your primary insurance card. **For a further explanation of the secondary coverage please see the Willamette University Sports Medicine website for all policies and procedures regarding the claims process.**

Please download and read through the entire pre-participation packet. Use the checklist on the second page of this packet to ensure that you have completed all of the necessary forms and documentation. Send in your pre-participation forms once the entire packet is complete. **Please do not send incomplete packets.** It is recommended that you and your parent/guardian keep a copy of your completed packet once it's ready to be submitted.

I look forward to a very successful and safe 2011-2012 school year. If you have any questions please contact Shane Wibel, Head Athletic Trainer at (503) 370-6672 or [swibel@willamette.edu](mailto:swibel@willamette.edu).

Sincerely,  
Shane Wibel, MPH, ATC  
Head Athletic Trainer

## Willamette University Sports Medicine Pre-Participation Physical Examination Packet for Returning Varsity Athletes

### Checklist

- **Health History Update**
  - PLEASE WRITE LEGIBLY
  - Provide a complete explanation of any “Yes” answer including dates of injury, illness, and/or surgery.
  - **Further medical documentation and a release from your attending physician will be required if you have:**
    - A heart murmur or other cardiac abnormality diagnoses since your last medical screening.
    - Major illness since your last medical screening.
    - Physical injuries requiring ongoing medical attention or clinical rehabilitation since you last medical screening.
    - Any surgery since your last medical screening.
  - Please have your physician use the attached Return to Athletic Release form for any clearances needed.
- **Personal, Insurance, & Emergency Contact Information**
  - Give necessary addresses and phone numbers. These numbers will be used for emergency contacts.
  - To ensure timely medical care, it's very important that **ALL** information is complete.
- **Copy of Insurance Card**
  - Attach a legible photocopy of both the **FRONT AND BACK** of the card to the provided page.
- **Signed Statement of Insurance *\*\*Highly recommend that primary policy holders review this page\*\****
- **Initial and sign Medical Examination and Authorization Waiver**
- **Signed Authorization for Release of Health Information**
- **When the packet is COMPLETE, mail to:**
  - Willamette University Sports Medicine
  - Willamette University Athletics Department
  - 900 State Street
  - Salem, OR 97301
- **Completed medical forms are due by August 1, 2011 no matter with sport you will be participating in.**
- **Please keep a copy of the completed forms for your records.**

It is important that these forms are completed and returned to the Athletic Training Room prior to the student-athlete's arrival on campus. If the necessary medical screening has not taken place or if any paperwork is incomplete, **THE STUDENT-ATHLETE WILL NOT BE ABLE TO BEGIN PRACTICE. THERE WILL BE NO EXCEPTIONS.** Getting us the completed packet by August 1<sup>st</sup> allows us to review them for any missing information.

**\*Submitting your primary insurance information is for Sports Medicine Department use only. It is in no way a substitute for the Willamette University Student Health Insurance Waiver. Proper completion of this waiver, if you choose to waive the Student Health Insurance Plan, can be done by going to Bishop Wellness Center's Website ([www.willamette.edu/dept/health](http://www.willamette.edu/dept/health)) and following the Student Brochure & Online Waiver link.**

If you have questions regarding the Pre-Participation Physical Exam Packet please contact Shane Wibel, Head Athletic Trainer at (503) 370-6672 or [swibel@willamette.edu](mailto:swibel@willamette.edu).

**Willamette University Sports Medicine  
Returning Student-Athlete  
Health History Update**

Please provide a complete explanation of any “yes” answer including dates of treatment. Documentation (test results, Physician dictation from visits, Physical Therapy records, Clearance – please use attached form, etc.) will be required for all “yes” answers. If “yes” answer occurred during your season and you saw Dr. Thorsett or Dr. Schweigert we already have those records. All the questions below refer to injuries/illness/conditions that have occurred **since your last pre-participation medical screening (injuries or illness that occurred in the last year)**.

**Since Your Last Medical Screening:**

1. Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

2. Have you been diagnosed with any new medical conditions?  YES  NO  
If yes, did it require care of a physician?  YES  NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you suffered or been diagnosed with a concussion?  YES  NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you been diagnosed with a cardiac condition?  YES  NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you been hospitalized?  YES  NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you had surgery?  YES  NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you suffered any orthopedic injuries either sports or non-sports related?  YES  NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

7. Have you been diagnosed with asthma or other breathing disorder?  YES  NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

8. Have you been restricted from sports activities for any medical or health related reason?  YES  NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

9. Have there been any other changes to your general health?  YES  NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

10. Do you have any concerns about your health that may affect your ability to participate in intercollegiate athletics at Willamette University during the 2011-12 season?  YES  NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

11. Do you have any reason to see a Willamette University Athletic Trainer and/or physician?  YES  NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

13. **WOMEN ONLY:** Have you had a menstrual period in the last 12 months?  YES  NO

If yes, how many? \_\_\_\_\_

When was your most recent menstrual period? \_\_\_\_\_

**Medications:**

Are you currently taking any prescription &/or over-the-counter medications? YES NO

If yes, please list medication, reason taken and dosage below:

<b><u>MEDICATION</u></b>	<b><u>PURPOSE</u></b>	<b><u>DOSAGE</u></b>
_____		
_____		
_____		
_____		
_____		

**Supplements / Ergogenic Aids:**

Are you currently taking any supplements or ergogenic aids? YES NO

If yes, please list supplement, reason taken and dosage below:

<b><u>SUPPLEMENT</u></b>	<b><u>PURPOSE</u></b>	<b><u>DOSAGE</u></b>
_____		
_____		
_____		
_____		
_____		
_____		

## NCAA BANNED SUBSTANCES

There are certain classes of drugs that have been banned for use by student-athletes by the NCAA. These classes include stimulants, beta-blockers, diuretics, anti-estrogens, anabolic agents (steroids), and peptide hormones. However, the NCAA does allow for exceptions to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such drugs. Common uses of these drugs include treatment for Attention Deficit/Hyperactivity Disorder, Male-Pattern Baldness, and Hypogonadism. Please view the current NCAA drug policy at [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety). For more information on the classes of banned drugs please visit [www.drugfreesport.com](http://www.drugfreesport.com). If you have been prescribed a banned drug please declare them above. In order to obtain an exception from the NCAA please be prepared to present documentation of the diagnosis or the condition and documentation from the prescribing physician explaining the course of treatment and the current prescription. If you have been prescribed drugs that include anabolic agents (steroids) or hormone modulators, the exception must be granted before the student-athlete is allowed to participate while taking these medications.

If you have questions regarding the NCAA policy on banned substances and if an exception is necessary please contact Shane Wibel, Head Athletic Trainer at (503) 370-6672 or [swibel@willamette.edu](mailto:swibel@willamette.edu).

- **I have previously warranted and represented to the Willamette University Sports Medicine Staff that I am in excellent physical condition. Upon reporting to Willamette University, I completed a “Health History Update Questionnaire” form. Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing my prior medical history; that my Health History Update Questionnaire Form was fully and accurately completed; that all of my present symptoms, complaints, ailments, disabilities, and/or prior injuries have been disclosed in writing to the Willamette University Athletic Training staff; and that I am not suffering from any complaints, prior injuries, ailments, disabilities, conditions, or problems not so disclosed and discussed. Furthermore, I consent to laboratory analysis, urine screen, blood chemistry, orthopedic, internal, and any other examination deemed necessary to determine my physical/mental condition.**
  
- **If you have had surgery or have been under the care of a physician for a medical condition in the past 12 months that has restricted your athletic participation in any way, been diagnosed with cardiovascular abnormality, or had surgery or any hospitalization, you must provide the Willamette University Sports Medicine Department with a written release for participation from the attending physician (Please use attached clearance form – pg 7 of packet) as well as documentation (Test results, Physician dictation from visits, Physical Therapy records, etc.). If you have any questions please contact Head Athletic Trainer, Shane Wibel at (503) 370-6672 or [swibel@willamette.edu](mailto:swibel@willamette.edu).**

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete Print Name



# Willamette University Sports Medicine Return to Athletics Release

If you have had surgery, or any major injury or illness or have been diagnosed with a disease or disorder since your last medical screening; please have the treating physician fill out the below form to allow participation in your sport or sports. Thank you.

Athletes Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Injury/Illness: \_\_\_\_\_

May return to activity:

- Without restrictions
- Limited Activity: \_\_\_\_\_  
\_\_\_\_\_

- Not Cleared for Activity
- Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Physician Name (printed): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Clinic Stamp:

# Willamette University Insurance Information Form

Athlete Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year in School: Fr. Soph. Jr. Sr. 5<sup>th</sup> yr

Permanent Mailing Address \_\_\_\_\_

Student ID # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Allergies (include type of reaction) \_\_\_\_\_

Medications (include strength and frequency) \_\_\_\_\_

Major Surgeries or Injuries (include year) \_\_\_\_\_

Major Medical Illnesses/Disorder \_\_\_\_\_

### Name and Telephone Number of Person to Contact in case of significant injury:

Name: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

### Primary Medical Insurance Co \_\_\_\_\_

Ins Address \_\_\_\_\_ Ins Phone Number (\_\_\_\_) \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Policyholder's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone Number (\_\_\_\_) \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_ Contact Phone Number (\_\_\_\_) \_\_\_\_\_

Policyholders Mailing Address \_\_\_\_\_

### Secondary Medical Insurance Co \_\_\_\_\_

Ins Address \_\_\_\_\_ Ins Phone Number (\_\_\_\_) \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Policyholder's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Employer Phone Number (\_\_\_\_) \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_ Contact Phone Number (\_\_\_\_) \_\_\_\_\_

Policyholders Mailing Address \_\_\_\_\_

### Willamette Athletic Excess Insurance Policy:

Company NAHGA Address PO BOX 189, Bridgton, ME 04009 Phone (800)952-4320

Student ID # 00 Group # US08628-111

Are there any coverage procedures that we should be aware of in the event your son/daughter sustains an injury which is considered a "non-emergency" (I.e., referrals, coverage limitation)?

\_\_\_\_\_

- I/We agree that all information provided in this document is accurate and complete to the best of my/our knowledge and that I/We will update any changes immediately. I/We understand that any incorrect or undisclosed information can result in the improper management of injuries and also duplicate payments. I/We understand the financial responsibility of any injuries improperly managed as a result of incorrect or undisclosed information or failure to follow the procedures for athletic injuries or illness, and medical care will be the obligation of the undersigned.
- If a medical emergency arises while participating in an athletic contest away from Willamette University, I consent to an examination and/or treatment by a physician recommended by the host school authorities.
- I hereby authorize Willamette University Student Health Services and its Insurance Agent to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original. We authorize Willamette University and its Insurance Agent to pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by Willamette University.

X  
Signature of athlete (or legal guardian if under 18 years old)

\_\_\_\_\_  
Date

**Please attach a copy, FRONT AND BACK, of your primary insurance card and, if applicable, your secondary insurance card.**

**Primary Insurance Card**

Front	Back
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**Secondary Insurance Card**

Front	Back
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## Willamette University Sports Medicine Statement of Insurance Coverage

Sports activities have varying degrees of risk of injury that participants should recognize by the nature of the activity. Students who choose to participate in the intercollegiate sports program are required to have personal insurance coverage. Willamette University has an excess insurance policy on all varsity sports participants; it acts as a secondary carrier for athletic injuries only.

### Insurance Claims Policies

Any medical or dental services connected with the care of injuries sustained during participation in intercollegiate athletic programs must be arranged through the Head Athletic Trainer. In emergencies, if the athletic trainer is not available, the student should consult the Student Health Center. An athlete who is injured in a practice or a contest should report the injury immediately to the athletic trainer.

Written authorization and all necessary paperwork will be given by the athletic trainer for referral to the appropriate physician. If this documentation is not on file in the athletic training room, claims for services may not be considered and the athletes may be responsible for payment. No exceptions. The claims process must be initiated within 90 days of injury.

If a student-athlete is injured while participating in an actual contest, practice, scrimmage sessions, or while in transit to or from an event, the University's policy with regard to insurance coverage is as follows:

- University policy requires that if the parents or student have accident or medical insurance, this insurance be applied primarily to pay for such medical/dental and hospital costs that it covers. Claim procedures **MUST** be followed per your private insurance. If not, a delay in payment or denial of payment may occur.
- The University intercollegiate athletic insurance policy is an 'excess coverage' plan that provides benefits for covered expenses not otherwise covered and payable by any other plan providing medical expense benefits. The limit of the university athletic plan is \$75,000. NCAA Catastrophic Insurance is provided above this limit. The University intercollegiate athletic insurance will not consider charges above 'usual, reasonable and customary' (UCR).
- The Head Athletic Trainer will initiate insurance coverage matters for all athletes. The injured athlete is responsible for filling out an insurance claim form with the Head Athletic Trainer and submitting any medical documentation, bills, EOB's (Explanation of Benefits), or relevant paperwork immediately upon receipt. All claims must be initiated within 90 days from the date of the original injury.
- For student-athletes who are covered under an HMO policy it is advised that you research the available treatment options in the Salem area. Certain HMO's do not have out-of-the-area doctors on their list of approved providers which may limit the availability of the student to pursue medical treatment beyond emergency room visits or treatment. Willamette University is required to follow the guidelines of the students' primary insurance, therefore it is highly recommended that the policy holder make sure the students' coverage includes intercollegiate athletics and their benefits extend into Marion County. **The university intercollegiate insurance plan will reduce coverage to 50% of 'usual, reasonable and customary' charges when the guidelines of the student's primary insurance plan are not followed.**

If a serious injury should occur to an athlete while representing Willamette at a sanctioned game, scrimmage, meet or tournament, for which treatment cannot await the return to campus, seek appropriate medical attention and notify the athletic trainers within 24 hours.

I, \_\_\_\_\_ have read and understand the insurance claims policies and know that Willamette University is not responsible for medical bills if guidelines are not followed, I or my parents may be held financially responsible.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE MAKE A COPY FOR YOUR RECORDS

COMPLETE INSURANCE CLAIM POLICIES AND PROCEDURES CAN BE FOUND AT:  
[http://www.willamette.edu/sports\\_medicine/insurance](http://www.willamette.edu/sports_medicine/insurance)

**WILLAMETTE UNIVERSITY SPORTS MEDICINE DEPARTMENT**  
**Medical Examination & Authorization Waiver**

I, \_\_\_\_\_ hereby acknowledge, affirm, and represent the following:

**A. PRESENT PHYSICAL CONDITION:**

I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced I hereby affirm that I have fully disclosed in writing my prior medical history; that my Health History Questionnaire Form was fully and accurately completed; that all of my present symptoms, complaints, ailments, disabilities, and/or prior injuries have been disclosed in writing to the Willamette University Sports Medicine Team; and that I am not suffering from any complaints, prior injuries, ailments, disabilities, conditions, or problems not so disclosed. Furthermore, I consent to laboratory analysis, urine screen, blood chemistry, orthopedic, internal, and any other examination deemed necessary to determine my physical/mental condition.

\_\_\_\_\_ [initial]

**B. MEDICAL CONSENT:**

If a serious injury or medical condition should occur in conjunction with participation on intercollegiate athletic teams, the sports medicine and/or coaching staff will attempt to contact a parent/guardian. In the event immediate contact cannot be established, the following statements are provided for your authorization/permission.

I/We hereby grant permission to Willamette University Athletic Department, its athletic team physician and/or athletic trainer, to render aid, treatment, and medical or surgical care deemed reasonably necessary to the health and well-being of the above named Student Athlete.

I/We further authorize the athletic trainers at Willamette University, who are under the direction and guidance of the athletic team physicians, to render any first aid or prevention, rehabilitative or emergency treatment deemed necessary to protect the health and well-being of the above named Student Athlete.

I/We additionally grant permission for hospitalization treatment or surgery at a competent and/or accredited facility when necessary for protecting the health and well-being of the above named Student Athlete.

\_\_\_\_\_ [initial]

**C. FUTURE COMPLAINTS:**

I acknowledge and agree that all future injuries, medical/dental/mental problems, ailments, complaints, re-injuries, symptoms or concern of concussion, and aggravations of old injuries must be immediately reported to a member of Willamette University's sports medicine team, no matter how minor or insignificant I may deem them to be.

\_\_\_\_\_ [initial]

**D. ACKNOWLEDGMENT & ASSUMPTION OF RISK**

I am aware that playing, practicing, training, and/or other involvement in any sport can be a dangerous activity involving MANY RISKS OF INJURY, including, but not limited to the potential for catastrophic injury. I understand that the dangers and risks of playing, practicing, or training in any athletic activity include, but are not limited to, death, serious head, neck and spinal injuries which may result in complete or partial paralysis or brain damage, temporary or permanent cognitive disability, and/or degenerative brain disease, 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 my body, general health and well-being. Because of the aforementioned dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff, strength and conditioning staff, and/or Sports Medicine Department. Furthermore, I understand that the possibility of injury, including catastrophic injury, does exist even though proper rules and techniques are followed to the fullest. I also understand that there are risks involved with traveling in connection with intercollegiate athletics.

In consideration of Willamette University permitting me to participate in intercollegiate athletics and to engage in all activities and travel related to my sport, I hereby voluntarily assume all risks associated with participation and agree to hold harmless, indemnify, and irrevocably and unconditionally release Willamette University, and their offices, agents, and employees from an and all liability, any medical expenses not covered by the University’s Intercollegiate Athletics’ medical insurance coverage, and any and all claims, causes of action or demand of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to intercollegiate athletics.

I release, waive, discharge and covenant not to sue Willamette University, its officers, agents and employees all of which are hereinafter referred to as “releasees,” from any and all liability to me, my heirs, or next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I have read and understand the content of the waiver and release and sign voluntarily.

The terms hereof shall serve as release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

\_\_\_\_\_ [initial]

**E. AUTHORIZATION:**

I fully understand that this authorization shall be effective and valid for one year (52 weeks) after the termination of my playing and/or academic career at Willamette University.

\_\_\_\_\_ [initial]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date

## Willamette University Athletic Training

**Student-Athlete Authorization/Consent for Disclosure of Protected Health Information**

I hereby authorize the athletic trainers, team physicians, Bishop Wellness Center (including Health, Counseling and Disability Services staff) and other health care personnel representing Willamette University to release information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics. This protected health information may concern my medial status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, parents/guardians, hospitals and /or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, medical supply vendors and/or service companies, academic counselors, athletic and/or university administrators, Conference commissioner, chaplains and /or clergy members, and the NCAA Injury Surveillance System.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Willamette University. I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Bishop Wellness Center and/or the Athletic Training staff, but if I do, it will not have ay effect on actions Willamette University took in reliance on this authorization/consent prior to receiving the revocation. This authorization/consent expires six (6) years from the date it is signed.

\_\_\_\_\_  
Name of Student-Athlete (print or type)

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number of Student-Athlete

\_\_\_\_\_  
Date of Birth of Student-Athlete

\_\_\_\_\_  
Signature of Parent/Guardian (if student-athlete is under 18 years of age)

\_\_\_\_\_  
Date