Navarro College Athletic Packet

All athletes must complete the following before participating in any organized team activity:

- Contact Information
- Medical Consent Form
- Parent’s Insurance Form (Important even if there is no insurance)
- Copy of Insurance Card (front and back)
- Medical History Questionnaire
- Clearance by the Team Physician

NOTE: All paperwork must be submitted to the Athletic Department at the beginning of your program. No one will be accepted for a physical without the necessary paperwork. All athletes are required to take a physical prior to starting their training. Navarro College has no responsibility for an athlete who has not been cleared by the team physician. There are no exceptions.
Dear Navarro Bulldog Athlete,

It’s almost time to get ready for an exciting season of Navarro College athletics. I hope that this letter finds everyone ready and well conditioned for the upcoming seasons. Enclosed you will find the annual medical packet that is to be filled out. This packet includes some extremely important forms that need to be filled before arriving at Navarro College this fall.

Please read this information carefully!!!!

All forms in this packet need to be mailed to:

Davelyn Casbeer
Navarro College
3200 W. 7th Ave
Corsicana, TX 75110

Mailing deadlines:

- Football, Soccer, and Volleyball: July 15
- Basketball, Softball, Baseball and Cheerleaders: August 20

1. **PAPERWORK**

YOU WILL NOT BE ALLOWED TO PARTICIPATE IN ANY NAVARRO COLLEGE ATHLETIC FUNCTION UNTIL ALL PAPERWORK IS COMPLETE. A NAVARRO COLLEGE ATHLETIC FUNCTION INCLUDES WORKOUTS, PRACTICES, GAMES, ETC.

*All information and forms are extremely vital and must be turned over to the Athletic Training Staff, before you do anything. You cannot participate in any team activity until all the forms are complete*

The entire Navarro College insurance policy is explained further in this packet. If you have no insurance coverage, simply put “not available”. PLEASE SIGN THE PARENT INSURANCE FORM, EVEN IF YOU DO NOT HAVE INSURANCE!!!

INCLUDE A FRONT and BACK COPY OF THE INSURANCE CARD that covers you.

You will not receive any medical attention from the NC Athletic Trainers until all forms are filled out.

2. **PHYSICALS AND DRUG TESTING**

Physicals and Drug testing will be given on campus in mass sessions. The cost of the physical is $20 each and must be paid prior to or at the time of the physical. This price is much cheaper than what you might pay elsewhere.

All athletes who will participate for Navarro College Athletics must be cleared to play by a licensed physician. If a condition arises in the physical that does not merit a passing evaluation, then you are responsible for getting that taken care of before we pass you and before you can participate in an organized team activity. If you have any prior existing conditions or injuries before you arrive on campus as a Navarro College athlete, the Navarro College Athletic Training Staff can not treat you for that condition or injury.

**Navarro College has no responsibility for any pre-existing medical conditions.**
PHYSICALS – cost and dates

- Mass Physical for Fall/Winter Sport Returners- April 2016
- Mass Physical for Football/Volleyball/Soccer- August 7th, 2016
- Mass Physical for Basketball/Baseball/Softball/Ch- August 28th, 2016

- Physical prices during our mass sessions are $20. You will not get a cheaper physical on your own.

- If you miss the physical time or come on to the team after our physical dates then you will be responsible for getting a physical on your own.

***YOU MUST HAVE $20 CASH EITHER PREPAID OR PRESENT AT THE TIME OF YOUR PHYSICAL. OTHERWISE YOU WILL NOT RECEIVE A PHYSICAL DURING OUR SESSIONS.

If there is a problem paying the money, you must contact your coach before you arrive.

NAVARRO COLLEGE WILL NOT PAY FOR YOUR PHYSICAL!

All Navarro athletes will be under the care of, the Navarro College Sports Medicine Team.

If you have any questions or concerns please feel free to contact the Head Athletic Trainer, Nate Yost, or the Athletics Administrative Assistant, Davelyn Casbeer.

Head Athletic Trainer Office Contact #: (903) 875-7470
   Email: nate.yost@navarrocollege.edu

Athletics Administrative Assistant Contact #: (903) 875-7483
   Email: davelyn.casbeer@navarrocollege.edu
Navarro College
Athletic Training
Contact Information

**Name:** Last_____________________ First ___________________________ MI ________

SS# _________________________Date of Birth _____/_____/_______  Age ________

Male _____ Female ______  Sport __________________________

**Permanent Address:**

Street _______________________ City ______________State _______  Zip________

Home Phone ___________________  Cell Phone ____________________________

**Father/Guardian:**

(Name) _______________________  DOB____/____/___  SS# __________________________

Address:_______________________ City:_________________State _____ Zip________

Phone: Work ______-____-_____________ Home ______-____-______________

**Mother/Guardian:**

(Name) _______________________  DOB____/____/___ SS# __________________________

Address_______________________ City __________________State_____ Zip________

Phone: Work ______-____-_____________ Home ______-____-_____________

**Contact in case of emergency:**

Name _________________________ Relation ________________________________

Phone: Home ______-____-_____________ Work ______-____-______________
Medical Consent

I hereby grant permission to the physicians that the Navarro College Athletic Training staff, sends patients to, render my son or daughter, or to myself, and treatment or medical or surgical care that they deem necessary to the health and well being of the student athlete.

I also hereby authorize the athletic trainer at Navarro College to render to my son, daughter, or to myself any preventative, first aid, rehabilitative, or emergency treatment that is deemed reasonably necessary to the health and well being of the student athlete.

Also when necessary for executing such case, I grant permission for hospitalization at an accredited hospital. The Navarro College Athletic Training staff, and the coaching staff will notify the parents of any emergency situations as soon as they occur.

Date: ___/___/___

______________________
Parent signature

______________________
Student signature

Authorization to Release
Medical Information

I, _________________________ hereby authorize the parties concerned to release my medical records to the Athletic Trainer/s at Navarro College.

Thank you,

________________________
Athlete Signature

________________________
Date
Navarro College Athletic Policy:
Medical Treatments, Referrals, and Procedures

I, ____________________________, understand that any athletic injury sustained as a result of my involvement with Navarro College Athletics needs to be reported to the Navarro College Sports Medicine Staff within 24 hours of sustaining the injury.

I, ____________________________, understand that if a medical referral is rendered necessary for injuries sustained while participating for Navarro College Athletics that the Navarro College Sports Medicine Staff is solely responsible for my referral to an appropriate healthcare provider and any potential treatments, rehabilitation, and/or procedures rendered necessary by the referred provider.

I, ____________________________, understand that if a surgical procedure is needed to repair any injury sustained while participating for Navarro College Athletics that the physicians of the Navarro College Sports Medicine staff will be responsible for performing the surgical procedure and/or the proper referral to a qualified specialist if needed.

I, ____________________________, understand that Navarro College will allow for and fund a consultation for a second opinion for surgical procedures, however; Navarro College will not provide funding for diagnostic images already completed, and/or any surgical procedures executed by another physician.

I, ____________________________, understand that my negligence or noncompliance to report an injury, follow the treatment plan for an injury, or seek medical care for an injury without the permission of the Navarro College Sports Medicine Staff will relinquish any and all financial responsibility of Navarro College for the injury.

Date: ___/___/___

____________________________
Parent signature

____________________________
Student signature
Medical History

Please answer all of the following question to the best of your knowledge. Explain any “yes” answers.

1. Do you or your family have a history of any of the following

<table>
<thead>
<tr>
<th>Condition</th>
<th>Y or N</th>
<th>Relationship to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marfan’s Syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Anemia/Trait</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain any yes answers.
________________________________________________________________________________
________________________________________________________________________________

2. Have you ever experienced or been diagnosed with the following?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Y or N</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td></td>
<td>Migraines</td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td>Fainting</td>
</tr>
<tr>
<td>Neck injuries</td>
<td></td>
<td>Concussions</td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td>Nosebleeds</td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain:
________________________________________________________________________________
________________________________________________________________________________

3. Have you ever had a major injury or fracture (break) to any of the following:

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Y or N</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back</td>
<td></td>
<td>Ribs</td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td>Hip</td>
</tr>
<tr>
<td>Shoulder</td>
<td></td>
<td>Knee</td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td></td>
<td>Ankle</td>
</tr>
<tr>
<td>Wrist/Hand</td>
<td></td>
<td>Foot</td>
</tr>
</tbody>
</table>

Explain:
________________________________________________________________________________
Medical History Continued

4. Do you have any known medical allergies? If so, what are they?
________________________________________________________________________________________
________________________________________________________________________________________

5. Are you taking any medications at the present time? If so, what are they?
________________________________________________________________________________________
________________________________________________________________________________________

I, __________________________ affirm that all the information on the medical history form is true to the best of my knowledge.

Print Athlete Name                      Signature                      Date

Print Guardian Name                      Signature                      Date