Student-Athlete Pre-Participation Forms (FORM 2)

Included in this form are the Smith College Athletic Training Services Consent to Treat, Acknowledgment of Risk, Authorization to Release Medical Information, and important athletic health care policies and procedures. This form is to be completed **prior to athletic participation**. Record all sports you wish to participate in during this academic year (intercollegiate and club sports).

Student-Athlete Information

Name: _____Class: _____Date of Birth:___/___/_____

Risk Acknowledgment and Consent to Participate

I wish to participate in the sport(s)_____ during the _____ academic year. I understand that the sport(s) are an inherently dangerous activity and that there are genuine and serious risks to anyone who engages in these activities. Due to the nature of sport and physical activity, I understand the risks involved include, without limitation, a full range of injuries, including catastrophic injuries resulting in permanent paralysis, brain injury or death.
I knowingly assume responsibility for any and all such risks and all such injuries. In furtherance thereof, I do hereby voluntarily choose to participate in this sport and accept the risks as a condition of my participation.

My signature below indicates that I have read this entire document and understood in completely.

_____ _____

Athlete's Signature Date Witness' Signature Date

*Parent/Guardian must also execute form if the athlete is under the age of eighteen (18) years.

_____ _____

Parent/Guardian Signature Date Witness' Signature Date

Consent to Treat

Smith College employs Athletic Health Care providers such as physicians, nurse practitioners, registered nurses, and certified athletic trainers who are qualified to evaluate, treat and rehabilitate certain injuries that you may incur while participating in the intercollegiate and/or club sports program(s). An athletic training student from a National Athletic Trainer's Association Board of Certification approved curriculum program may also provide care under the direct supervision of the Smith College certified athletic trainer who is acting as an Approved Clinical Instructor.

I give my permission for the Athletic Training Staff to evaluate, treat, rehabilitate and refer me as appropriate.

_____ _____

Athlete's Signature Date Witness' Signature Date

*Parent/Guardian must also execute form if the athlete is under the age of eighteen (18) years.

_____ _____

Parent/Guardian Signature Date Witness' Signature Date