

**Saint Louis Community College at Meramec**  
**Agreement to Participate and Release**  
**(Intercollegiate Athletics)**

Sport (check appropriate box):		
<input type="checkbox"/> Baseball	<input type="checkbox"/> Men's Soccer	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Men's Basketball	<input type="checkbox"/> Women's Soccer	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Women's Basketball	<input type="checkbox"/> Softball	<input type="checkbox"/> Cheerleading

A. I \_\_\_\_\_ (**Student Athlete**) am aware that playing or practicing in any sport can be a dangerous activity involving many risk of injury. I understand that the dangers and risks of playing or practicing in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or 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 my body, general health, and well-being.

Because of the dangers of participating in the above sport, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to agree to obey such instructions.

In consideration of Saint Louis Community College at Meramec permitting me to practice, play, or try out for practicing, playing, and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless Saint Louis Community College at Meramec, their agents, servants, and employees, the athletic staff of Saint Louis Community College at Meramec, the physicians and other practitioners of the healing arts treating me from any and all liability with my participation in any activities related to the Meramec \_\_\_\_\_ (**indicate sport**) team.

B. I hereby assume full responsibility for the risk of bodily injury, death or property damage due to the negligence or releases or otherwise while competing, officiating in, working or for any purpose participating in \_\_\_\_\_ (**name of activity**).

Releaser expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding , continue in full legal force and effect.

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

I hereby agree to submit any disputes that may arise between myself and Saint Louis Community College, its agents, servants, and employees, the athletic staff at Meramec, the physicians and other practitioners of the healing arts treating me, and all their agents, servants and employees, in connection with my activities at Saint Louis Community College at Meramec, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

(For contact or collision sports):

I specifically acknowledge that \_\_\_\_\_ (**indicate sport**) is a violent contact sport, involving even a greater risk of injury than other sports.

\_\_\_\_\_ **Student Athlete (initials)**

\_\_\_\_\_  
Name of Student-Athlete (please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Saint Louis Community College at Meramec**  
**Medical Consent and Authorization to Release Information**

Please read the following consent form carefully!  
 If you are under 18 years of age, your parents must also sign.

The basic content of each is:

1. Medical Consent:	Allows College athletic trainers or physicians to treat any injury you receive while at Saint Louis Community College at Meramec.
2. Release of Information:	Allows those listed above to release information concerning your injuries to the media.
3. Release of Information:	Allows those listed above to release any and all information concerning you, including records and other items listed, to professional teams, agents, scouts, etc.

If you should choose to refuse to sign any of these, please write "Refused to Sign", the date, and your Signature.

**Medical Consent-Part 1**

I hereby grant permission to the Saint Louis Community College physicians and/or consulting physicians to render to my son, daughter, or me any treatment, medical or surgical care that they deem reasonably necessary to the health and well-being of the athlete.

I also hereby authorize the athletic trainers at Saint Louis Community College who are under the direction and guidance of the SLCC team physicians to render my son, daughter or me any preventive first aid, rehabilitative, or emergency treatment that they deem reasonable and necessary to the health and well-being of the athlete.

Also, when necessary for executing such care, I grant permission for my admission to an accredited hospital.

\_\_\_\_\_

Date: \_\_\_\_\_ Student/Athlete Signature: \_\_\_\_\_

\_\_\_\_\_

Name of Student (please Print) \_\_\_\_\_ Student Number \_\_\_\_\_

Signature may be that of athlete over 18 years of age; if under 18 please have it signed by parent or guardian. \_\_\_\_\_

Parent or Guardian

Authorization for Release of Information – Part 2

This authorizes Saint Louis Community College at Meramec athletic trainers, team physicians, and athletic coaches to release medical information on my son, daughter, or me, to the Saint Louis Community College Sports Information Department, and the various media outlets, any information concerning illness or injury relative to my past, present, or future participation in athletics at Saint Louis Community College.

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

\_\_\_\_\_  
Student/Athlete Signature:

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Signature may be that of  
athlete over 18 years of age;  
if under 18 please have it  
Signed by parent or guardian

\_\_\_\_\_  
Parent or Guardian

Authorization of Release Information – Part 3

I hereby and request Saint Louis Community College at Meramec, and their duly authorized agents, servants or employees (including coaches, athletic trainers, and physicians), to furnish to all professional teams, their scouts, representative agents, athletic trainers, physicians, servants, or employees, any and all information concerning or having bearing upon my participation in athletics at Saint Louis Community College at Meramec. Said authorization shall include, but is not limited to, any and all information within their knowledge, or contained in any records under their supervision or control concerning my physical condition, illnesses, injuries and any treatment, hospitalization, examinations, or other tests rendered to me, and allow them to furnish such person or organizations originals or copies of all written reports, hospital records, tests, X-rays, and to make such reports to such persons or organizations concerning me as they may request.

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

\_\_\_\_\_  
Student/Athlete Signature:

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Signature may be that of  
athlete over 18 years of age;  
if under 18 please have it  
Signed by parent or guardian

\_\_\_\_\_  
Parent or Guardian

**ATHLETIC INFORMATION FORM**  
**(To be used for emergency contact and filing medical claims)**

Date of this Form: \_\_\_\_/\_\_\_\_/\_\_\_\_ Athlete's Student #: \_\_\_\_\_ Sport: \_\_\_\_\_  
(Month) (Day) (Year)

Athlete's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_  
(Last) (First) (Middle) (Month) (Day) (Year)

School Address: \_\_\_\_\_  
City State Zip Code

Home Address: \_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ College Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Academic Year: 1 2 3 4 High Schools Attended: \_\_\_\_\_

Family Physician \_\_\_\_\_ City/State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Information**  
**(Telephone must be different from home number)**

1. \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_ (Home Telephone) (Business Phone)

2. \_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_ (Home Telephone) (Business Telephone)

Are you currently taking any medications? Yes  No   
If yes, which medication(s)? \_\_\_\_\_

Are you allergic to any medications or foods? Yes  No   
If yes, which medication(s)? \_\_\_\_\_

Do you have any pre-existing medical problems (i.e., diabetes, asthma, epilepsy, hypertension, vision, or hearing problems, etc.)? Yes  No   
If yes, what condition(s)? \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Student Number: \_\_\_\_\_

**St. Louis Community College at Meramec**  
**RELEASE**

This is a legally binding Release made by me, \_\_\_\_\_, to the  
ST. LOUIS COMMUNITY COLLEGE (“College”).

KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned, being a participant in a ST. LOUIS COMMUNITY COLLEGE activity, for and in consideration of a grant of permission to such participant from ST. LOUIS COMMUNITY COLLEGE to take field trips, to engage in athletic events, and to perform in any extracurricular activities under the auspices of, or on behalf of, said college, does hereby and for his/her heirs, executors, administrators, successors and assigns expressly release, acquit and forever discharge ST. LOUIS COMMUNITY COLLEGE, its agents, servants, officers, directors and employees of and from any and all claims, actions, causes of action, demands, rights, damages and consequences thereof resulting or to result from any accident, casualty or event occurring in preparation of or during the course of any such field trip, athletic event, or extracurricular activity.

The undersigned further stipulates and agrees to assume any risk that such field trips, athletic event or extracurricular activity may present and to indemnify and hold harmless ST. LOUIS COMMUNITY COLLEGE, its governing Board and its agents, servants, officers, directors, and employees from each and every claim, demand, loss, damage, or expense for any and all liability for bodily and personal injury and/or property damage relating to any actual or alleged injury or loss to his/her person resulting from any such trip, event or activity.

The undersigned understands that this Release covers liability, claims and actions caused entirely or in part by any acts or failure to act of the college or its governing board, employees, or agents, including but not limited to negligence, mistake, or failure to supervise by the college.

The undersigned further declares that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that the undersigned fully understands this agreement, and that this release contains the entire agreement between the parties hereto, and that the terms of this release are contractual and not a mere recital.

Participant: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Campus: \_\_\_\_\_

Activity: \_\_\_\_\_

**St. Louis Community College at Meramec**  
**RELEASE OF INFORMATION AUTHORIZATION**

I, \_\_\_\_\_, **Do – Do Not (please circle)** give my consent for the team physician, certified athletic trainer, or other medical personnel of St. Louis Community College–Meramec, to release such information regarding my medical history, record of injury or surgery, record of serious illness, and rehabilitation results as may be requested by the scout or representative of any professional or amateur athletic organization seeking such information.

I understand that such scout or representative of the team has made representations to the team physician, certified athletic trainer or other medical personnel of St. Louis Community College–Meramec, that the purpose of this request for my medical information is to assist the organization he represents in making a determination as to offering me employment.

I understand that a record will be kept of all individuals requesting such information and the date of the request. This information is normally confidential and except as provided in this Release will not be otherwise released by the parties in charge of the information. This Release remains valid until revoked by me in writing.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name of Student (please Print)**

\_\_\_\_\_  
**Student Number**

**Signature may be that of athlete over 18 years of age; if under 18 please have it signed by parent or guardian.**

\_\_\_\_\_  
**Parent or Guardian**

## Athletic Insurance Information

If your son or daughter is presently insured under your group major medical policy, please provide the information requested below so we may determine what benefits may be available in the event an injury occurs during the play or practice of an intercollegiate sport. Please be advised that St. Louis Community College does carry excess accident and catastrophic insurance, but it is a secondary policy with a \$500 deductible, which will not provide first-dollar coverage.

**Portion A to be filled out by the Student Athlete**

Name: \_\_\_\_\_ \*Social Security # \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last) (First) (Middle) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # (\_\_\_\_) \_\_\_\_\_ Employed: Yes \_\_\_ No \_\_\_ Name of Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # (\_\_\_\_) \_\_\_\_\_ Contact Form: \_\_\_\_\_ Do you have Group Medical Insurance through your Employment? Yes \_\_\_ No \_\_\_  
 Medical Insurance Company \_\_\_\_\_ Primary or Secondary (please circle) address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Policy # \_\_\_\_\_  
 I.D. # \_\_\_\_\_ Group# \_\_\_\_\_ Type of Policy (Check): HMO [ ] PPO [ ] Major Medical [ ] Other [ ]  
 (Explain \_\_\_\_\_) Are there any additional insurance policies that would cover athletic injuries? Yes [ ] No [ ]  
 Second Opinion Necessary for Surgical Procedures? Yes [ ] No [ ]

**Portion B to be completed by Claimant or by Parent or Guardian if Claimant is a Minor**

Name of Father or Guardian \_\_\_\_\_ \*Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Name of Mother or Guardian \_\_\_\_\_ \*Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address of Parents or Guardian/or Claimant \_\_\_\_\_ Phone # \_\_\_\_\_  
 Father or Guardian's Insurance Company Check One Individual Group \_\_\_\_\_ Mother or Guardian's Insurance Company Check One Individual Group \_\_\_\_\_  
 Name and Address of Father or Guardian's Employer \_\_\_\_\_ Name and Address of Mother or Guardian's Employer \_\_\_\_\_  
 \_\_\_\_\_  
 List other insurance policies under which claimant is insured \_\_\_\_\_ Policy # \_\_\_\_\_ Individual Group \_\_\_\_\_  
 A. Company \_\_\_\_\_ Policy # \_\_\_\_\_ Individual Group \_\_\_\_\_  
 B. Other School Insurance \_\_\_\_\_  
 Is the Claimant enrolled in a member of, or a participant of any of the following as an individual, employee, or dependent?  
 A. Preferred Provider Organization (PPO) or similar health care plan?  Yes  No  
 If yes, name of PPO or organization \_\_\_\_\_ Policy # \_\_\_\_\_  
 B. Preferred Provider organization (HMO) or similar health care plan?  Yes  No  
 If yes, name of HMO or organization \_\_\_\_\_ Policy # \_\_\_\_\_  
 C. If the claimant has health coverage as a dependent from a previous marriage as mandated in a divorce decree, please provide the following:  
 Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Name of Policy Holder \_\_\_\_\_

**\*Disclosure of your Social Security Number is required for filing claims under the Community College insurance policy. The Social Security Number is required to verify your identity.**

Note: Most employers' group insurance allows dependent coverage to be continued to age 23 if the dependent is a full-time student. Do not drop dependent coverage while your son or daughter is participating in intercollegiate athletics. We would like to point out that claims against your group insurance plan normally do not increase your insurance premiums.

I hereby acknowledge that I have read and understand St. Louis Community College's Athletic Department Insurance Policy regarding athletic injuries. I am aware that pre-existing injuries/conditions or aggravation of them through athletic activity are not a covered benefit. I accept full responsibility to follow the procedural steps involved for filing a claim submission to St. Louis Community College Secondary Insurance carrier, therefore leaving all expenses the sole responsibility of me, the athlete and/ or parent or guardian, and not St. Louis Community College. In addition to this, I understand that it is the responsibility of the parents/guardians and athlete to inform the St. Louis Community College Head Athletic Trainer of any change of an athlete during his/her competitive season, and/or failure to report the existence of a new primary insurance coverage information may result in denial of insurance claims by St. Louis Community College carrier. Expenses incurred for the treatment of an injury will then become the sole responsibility of the athlete and his/her parents/guardians. **MUST BE SIGNED BY ATHLETE AND POLICYHOLDER.**

Student/ Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Policy Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/ Guardian Signature (if different from Policy Holder) \_\_\_\_\_ Date \_\_\_\_\_



The following authorization must be completed, signed, and returned to the Athletic Department.

Yes  I hereby authorize the St. Louis Community College to file a claim on my behalf under the group medical policy (as noted on the reverse side of this page) in the event an athletic injury is sustained by my son or daughter.

No

Yes  I hereby authorize the St. Louis Community College to file a claim on my behalf under the excess accident and catastrophic policy (as noted on the reserve side of this page) in the event an athletic injury is sustained by me.

No

The undersigned verifies that the below-named student is physically able and sufficiently trained; that below-named student has no medical reasons for non-participation; and understands that a competitive activity of this type is potentially hazardous. Should my insurance coverage cease to exist, I will notify the Athletic Department immediately. A photostatic copy of this authorization shall be considered as effective and as valid as the original.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Student

ACADEMIC MONITORING

Yes  I authorize the release of academic information to the intercollegiate department for use in academic assessment.

No