

INSTRUCTIONS FOR RETURNING STUDENT-ATHLETE MEDICAL PACKET

-PLEASE USE A PEN TO COMPLETE THIS PACKET, PENCIL IS NOT ACCEPTED-

-THOROUGHLY COMPLETE BOTH EMERGENCY CARDS WITH IDENTICAL INFORMATION-

-READ, FILL OUT, AND SIGN REMAINING FORMS-

-WHEN COMPLETE, BRING TO ATHLETIC TRAINING ROOM (BUILDING 2000) FOR REVIEW-

-ANY QUESTIONS, PLEASE CALL 530-741-6837-

EMERGENCY CARD

ATHLETE'S NAME: _____ BIRTH DATE: _____ SS# _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

PARENT/GUARDIAN HOME PHONE: _____ WORK PHONE: _____

INSURANCE COMPANY: _____

INSURANCE CO. PHONE # _____ POLICY/ID# _____ GROUP# _____

ALLERGIES: _____ 2ND EMERGENCY CONTACT: _____

ADDITIONAL NOTES: _____

EMERGENCY CARD

ATHLETE'S NAME: _____ BIRTH DATE: _____ SS# _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PARENT/GUARDIAN NAME: _____

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ADDITIONAL NOTES: _____

Yuba Community College District
Sports Medicine Participation Agreement
Awareness of Risk

It is important for all student athletes to know that there is always a risk of bodily injury when participating in competitive intercollegiate athletics. It is possible that these injuries may be catastrophic, meaning permanent, serious injury, including partial paralysis, total paralysis or even death.

“Because of the dangers of participation in sport, I recognize the importance of listening to and following all of the coach’s and certified athletic trainer’s instructions and warnings regarding playing strategies, training methods, rules of sport, injury rehabilitation and other team rules. I also recognize the importance of reading and adhering to all written instruction and written warnings regarding playing techniques, training methods, rules of sport and other team rules. I understand that all instructions and warnings, verbal and written are incorporated by reference to this agreement and I hereby promise to obey all such instructions and warnings.”

I have read the above statement and fully understand its implications. I acknowledge the risk inherent in sport and choose to participate with this knowledge.

Athlete’s Signature: _____ Print Name: _____

Parent/Guardian Signature (if under 18 yr. old): _____ Date: _____

Sport: _____



Yuba College
Student-Athlete Concussion Statement

By initialing each statement, I am aware and understand the following information:

- I understand that it is my responsibility to report all injuries and illnesses to the athletic trainer, coach, and/or team physician.
- A concussion is a brain injury, which I am responsible for reporting to my athletic trainer, coach, and/or team physician.
- A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
- You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury(See examples of signs & symptoms).
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the athletic trainer, coach, and/or team physician.
- I will not return to play in practice or game I have if I received a blow to the head or body that results in concussion related symptoms.
- Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
- In rare cases, repeat concussions can cause permanent brain damage and even death.

Signature of Student-Athlete

Print Name

Date

Examples of signs & symptoms:

- Increasingly severe headache or a headache lasting for more than 48 hours-
- Excessive dizziness-Excessive drowsiness-Excessive vomiting-
- Obvious change in behavior or personality(irritability, confusion etc.)-
- Changes in ability to see- Unsteady walking- Difficulty concentrating-
- Significant difference in pupil size- Convulsions-
- Discharge of blood or clear fluid from nose, ears, or mouth-
- Paralysis or marked weakness in arms, legs, or facial muscles-

YUBA COLLEGE ATHLETICS
RETURNING ATHLETE QUESTIONNAIRE

NAME: _____

DATE: _____

STUDENT ID# _____

BIRTH DATE: _____

SPORT: _____

PLEASE BE THOROUGHLY HONEST IN ANSWERING THE FOLLOWING QUESTIONS:

1. HAVE YOU BEEN INJURED, IN ANYWAY, DURING THE OFF-SEASON? YES _____ NO _____

IF YES, WHAT WAS THE INJURY? _____

2. HAVE YOU BEEN HOSPITALIZED DURING THE OFF-SEASON? YES _____ NO _____

IF YES, FOR WHAT? _____

3. ARE YOU TAKING ANY MEDICATIONS? YES _____ NO _____

IF YES, WHAT? _____

OTHER INFORMATION REGARDING YOUR HEALTH THAT THE ATHLETIC TRAINING STAFF SHOULD BE AWARE OF:

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
(IF UNDER 18 YEARS OLD)