

## Georgetown University Club Sports Women's Volleyball Participant Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Class/School: \_\_\_\_\_  
 Campus Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Exercise Activity:** List all physical activities you engage in, their frequency, and approximate time or distance and check the appropriate level of intensity.

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Current Health Status:** Please indicate if you have any physical disabilities or conditions that would interfere with or limit your participation in club sports. If you are unsure, explain the club sports activity to your physician and obtain his/her advice on your participation. *(None of these will necessarily prohibit your participation, but for your own safety, we must be aware of such conditions.)*

- |                                    |  |  |  |
|------------------------------------|--|--|--|
| 1. Problems with hearing or vision | Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. Concussions                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Respiratory Problems            | Yes <input type="checkbox"/> No <input type="checkbox"/> | 7. Broken bone or dislocation in the past year | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Back or neck problems           | Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Unexplained fainting in past year           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. High or low blood sugar         | Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. Hernia in past year                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Seizure disorders               | Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Surgery in last year                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**\*If you answered yes to any of the questions above, please specify in detail below, indicating the item number.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allergies:** Please indicate any allergies you have, your reactions, and medication required. *(Including, for example, insect stings, iodine, etc.)*

Allergy	Reaction	Medication Required (if any)
_____	_____	_____
_____	_____	_____

**If you require medication, do you carry this medication with you and where do you keep it?**

\_\_\_\_\_  
 \_\_\_\_\_

**Medications:** Please indicate any medications you are currently taking, for what conditions, and whether you may need to take such medications while participating in club sports.

Medication	Condition	Do you need this during physical activity?	
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**\*If you require medication during the activity, do you carry this medication with you and where do you keep it?**

\_\_\_\_\_  
 \_\_\_\_\_

**Required Immunization:**

You must have a current Tetanus immunization to participate in club sports.

Last Immunization \_\_\_\_\_

If your last Tetanus immunization was more than 10 years ago, it has expired. You may obtain a Tetanus immunization by contacting the Student Primary Care Clinic at 7-4500.

**Club Sports you are Playing:** \_\_\_\_\_

Do you have previous experience with this activity? If so, please describe below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance:** You are responsible for any medical expenses incurred as a result of participation in club sports activities. Please be aware that not all medical insurance policies provide coverage for club sports activity. It is your responsibility to check your policy to confirm that club sports participation is covered. Please provide the following information.

Insurance Company Name: \_\_\_\_\_

Policy or certificate Number: \_\_\_\_\_

Insurance Company's Address: \_\_\_\_\_

Insurance Company's Emergency Phone Number: \_\_\_\_\_

**Emergency Information:**

Primary Contact

In case of emergency, please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Secondary Contact

In case of emergency, please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

\*Detailed description of current health status from front page and any additional information which might be relevant to your participation in Club Sports:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL AUTHORIZATION, RELEASE AND RESUMPTION OF RISK**

I hereby certify that I am physically and mentally fit to participate in the club sports listed above. I am aware that my participation in club sports involves physical activities. I understand that I am responsible for any medical expenses incurred as a result of participation in Club Sports and for obtaining and continuing appropriate health insurance coverage for the entire duration of my participation in Club Sports. I give permission for the team coaches and captains to use their judgment in obtaining medical services for me. I further give permission for medical professionals to render medical treatment that is deemed necessary or appropriate, including but not limited to, emergency anesthesia, surgery, or hospitalization. The information provide above is a complete and accurate statement of the physical factors which may affect my participation in Club Sports. I realize that failure to disclose such information could result in harm to myself and my fellow participants, and I agree to release, indemnify, and hold harmless Georgetown University if all relevant information is not disclosed. I also agree to notify my team coach or captain if there should be any change in my health prior to or during the club sport season.

My participation in club sports is completely voluntary. I am aware of the inherent potential hazards of participation in Georgetown University Women’s Club Volleyball, including but not limited to: sprains, broken or fractured bones, ligament or joint damage, concussions, collisions, use of specialized athletic equipment including but not limited to nets, antennae, poles and balls, and transportation to and from practices and games. To minimize these risks, I agree to abide by the rules, regulations, and instructions of Georgetown University’s club sports program, team coaches, captains, and game officials. I understand, however, that there will always be inherent risks to this sport and I am willing to assume these risks.

I understand that Georgetown University can only accept responsibility for its own negligent and intentionally wrongful acts in connection with my participation in Club Sports. I hereby release and hold harmless Georgetown University, and its employees, officers, agents, administrators, and students from all other claims, actions, causes of action, suits, judgments, and demands.

I acknowledge that I have read and understand this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

If under age 18, signature of parent or guardian: \_\_\_\_\_