



HJCAC Pre-Participation Documentation



Physical Examination Form

Name _____ Date of Birth _____

EKG (Current EKG REQUIRED) – Attach EKG Result Sheet and Clearance

EKG Date	MM	DD	YY	Normal	Abnormal Findings

Consider reviewing question on cardiovascular symptoms (questions 5-14)

EXAMINATION							
Height	FT	IN	Weight	Male	Female		
BP	/	(/)	Pulse	Vis. R 20/	L 20/	Corrected	Y / N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan Stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes / Ears / Nose / Throat <ul style="list-style-type: none"> Pupils Equal Hearing 		
Lymph Nodes		
Heart <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder / Arm		
Elbow / Forearm		
Wrist / Hands / Fingers		
Hip / Thigh		
Knee		
Leg / Ankle		
Foot / Toes		
Functional <ul style="list-style-type: none"> Duck-walk, Single Leg Hop 		

**** Continue for Final Medical Clearance on Second Page of Document ****



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Physical Examination Form Continued

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
 - Pending further evaluation
 - For any sports
 - For certain sports

Reason _____

Recommendations _____

I have examined the above-named person and completed the preparticipation physical evaluation. The person named does not present apparent critical contradictions to practice and participate in the sport(s) outlined above. A copy of the physical exam is on record in my office and can be made available to the Athletic Advancement Association of America and any subsidiaries at the request of the person named above or their parents/guardians (if under 18 years of age). If conditions arise after the above named person has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the person and their parents/guardians (if under 18 years of age).

Name of Physician (print/type) _____ **Date** _____

Address _____ **Phone** _____

Signature of Physician _____ **MD, DO, PA-C, NP**

**** Please affix business card or stamp in blank space above ****



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Proof of Individual Insurance Documentation

As an athlete participating in the Hohokam Junior College Athletic Conference (HJCAC) you are required to be covered on and maintain a personal health insurance policy. It is however not a requirement for you to be listed as the policy holder. The Athletic Advancement Association of America (AAAA) and the HJCAC maintains an insurance policy. The AAAA insurance policy is **NOT** a student health insurance policy and may not be used in cases of illness or injury. This is a catastrophic accident insurance policy that provides coverage for catastrophic events.

This means that your personal insurance (primary insurance) carrier **WILL BE** utilized and they will pay their normal benefits. For example: if you belong to an HMO or PPO (Cigna, Intergroup, Aetna, BC/BS, etc.), you **must** follow their procedure for filing a medical claim. As with all insurance carriers, insurance has its restrictions and exclusions. In addition, the supplemental HJCAC insurance is **not required** to pay all remaining balances after the primary insurance carrier has been utilized. If this is the case, the remaining balance, **is the responsibility of the student-athlete.**

It is important to note that all medical bills are the **responsibility of the student-athlete. It is also the responsibility of the student-athlete that all medical claims are properly filed with their own personal (primary) insurance carrier.** If a medical claim is not filed properly or the primary insurance carrier's guidelines are not followed, the student-athlete will be responsible for any and all medical bills. At times the secondary catastrophic insurance policy will require additional information from the student-athlete. Again, this is the sole responsibility of the student-athlete to follow through with all additional requests from their own primary insurance company.

My signature verifies that I understand the student accident insurance policy provided by the AAAA and HJCAC. I also understand that if I do not follow the claim filing procedures set forth by my primary insurance carrier, **I am responsible for all medical bills.**

Printed Name: _____

Sport: _____

Signature: _____

Date: _____

Signature of Parent/Guardian if Student-Athlete is under 18:

_____ Date: _____

I am covered under the following plan:

Name of Insurance Company: _____

Group # _____ Policy # _____ HMO _____ PPO _____ Other _____

Insurance Billing Address _____

Insurance Phone Number _____

Primary Policy Holder _____ DOB _____ Relationship _____

Address _____ City _____ State _____ Zip _____

**** You MUST attach a copy of your insurance card (front and back) in order for this form to be complete ****



HJCAC Pre-Participation Documentation



HIPAA and FERPA Release Form

This form authorizes the Athletic Advancement Association of America (AAAA) and the Hohokam Junior College Athletic Association (HJCAC) or its contracted affiliates to release certain personal information about you for educational purposes, including information that may be subject to the Family Education Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). **Please read it carefully.**

“Personal information” means specific information about you, including education records and personal health information, that the Athletic Advancement Association of America (AAAA) or its affiliate(s) disclose: as a condition to permitting you to participate in athletics; to benefit you in pursuing athletics beyond the HJCAC; to address your health as you play intercollegiate athletics ; or to highlight the HJCAC athletics programs’ or your participation in them. It includes, as is appropriate to the specific use, your name, address, telephone number, date and place of birth, medical or health conditions, major field of study, participation in officially recognized activities and intercollegiate athletics, weight and height, dates of college attendance, degrees and awards, grade point average, email address, positions played, the name of your high school(s), the name of any other postsecondary institution you have attended, and your hometown. The term also includes any photo, portrait, video clip, or other image of you created by any person for or on behalf of the AAAA or its contracted affiliates or any other educational institutions that you have or may attend(ed).

By signing this form, I certify that:

1. I have read and understand the definition of “personal information” specified in this form.
2. I authorize the release of personal information for the purposes specified in this form except that are listed below:

3. I authorize the FULL DISCLOSURE of personal information concerning any athletic injury I may sustain while participating in the HJCAC or in any sport sponsored by the Athletic Advancement Association of America.
4. I understand that some or all of the following persons may be told about my health conditions: coaches, media, parents, athletic directors, team physicians, doctors’ staff, referral sources, and the Athletic Advancement Association of America insurance brokers, insurance companies, and/or third party claim administrators.
5. I authorize the use and disclosure of personal information for the following purposes:
 - Academic progress reporting
 - Promotional literature or video presentations about collegiate athletic programs or about the AAAA or HJCAC in general;
 - Any internet website maintained by or for the benefit of the AAAA, the HJCAC or any of affiliates
 - To disseminate to the National Junior College Athletic Association (NJCAA) or the National Collegiate Athletic Association (NCAA) concerning my participation in collegiate athletics;
 - To include in any program or publication about an athletic event sponsored by the AAAA, the HJCAC or any affiliates by any other outside organization and in which the AAAA or HJCAC is participating;
 - To disseminate to other postsecondary institutions in connection with their recruitment activities;
 - To release to any newspaper, broadcasting entity, or any other media outlet including social media;
 - To disseminate to any high school or other educational institution that I have attended.

I understand that I have the right not to consent to the release of my education records and to receive a copy of them on request. This consent shall remain in effect until revoked by me, in writing, and delivered to the Athletic Advancement Association of America. Any revocation will not affect disclosures that the AAAA made before receiving my revocation.

Signature of Student and Parent/Guardian if Student is under 18

Print Name of Student

Print Name of Parent/Guardian if applicable

Sport

Date: _____



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Assumption of Risk and Release of Liability

I _____, freely choose to participate in the Hohokam Junior College Athletic Conference (hereafter referred to as the "HJCAC") offered under the umbrella of the Athletic Advancement Association of America (AAAA). In consideration of my participation in this program, I agree as follows:

RISKS INVOLVED IN PROGRAM: Participation in all sports requires an acceptance of risk of injury, such as pre-season physical examinations, proper facilities maintenance, and instruction of correct sports technique; we attempt to provide a safe, competitive environment for all student-athletes. In addition we have team physicians, (contracted through Center for Athletic Performance and Physical Therapy), and certified athletic trainers (contracted through Center for Athletic Performance and Physical Therapy) to assist you with injury prevention and treatment.

In spite of these efforts, injuries do occur. Athletic competition, by its very nature results in numerous uncontrollable situations where injuries cannot be avoided. As an athletic participant in the HJCAC, there is always the possibility that you may sustain an injury. The injury may range from a minor one to one of great severity and which could result in deformity, head and brain trauma, paralysis, or even death.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in the HJCAC. I have obtained the required immunizations, if any.

I recognize that the Athletic Advancement Association of America (AAAA) is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in the HJCAC, I authorize in advance the representative or contracted affiliates of the Athletic Advancement Association of America (AAAA) to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. The Athletic Advancement Association of America (AAAA) or its contracted affiliates may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the Athletic Advancement Association of America (AAAA) or its contracted affiliates and me. I release the Athletic Advancement Association of America (AAAA) and its contracted affiliates, officials, employees, volunteers, students, agents, and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in the HJCAC, as well any medical treatment decision or recommendation made by an employee or agent of the Athletic Advancement Association of America (AAAA). I agree to pay all expenses relating thereto and release the Athletic Advancement Association of America (AAAA) or its contracted affiliates from any liability for any actions. I have been advised that I am not covered under a personal secondary accident insurance policy for any injuries sustained while participating in athletics for the Athletic Advancement Association of America (AAAA). I understand that any outstanding debts incurred as a result of medical treatment for that injury is my sole responsibility.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the HJCAC, I agree to release, indemnify, and defend the Athletic Advancement Association of America (AAAA) and their contracted affiliates, officials, officers, employees, agents, volunteers, sponsors, and students from any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in the HJCAC.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Participant (and Parent/Guardian if under 18)

Date

Print or Type Full Name(s)