

SUNY Maritime College Athletic Training  
Consent Form

**Instructions:** Please read all sections of this form. Initial beside each section (if student- athlete is under 18, a parent or guardian must initial). Sign and date at the bottom (if student- athlete is under 18, a parent or guardian must sign and date). Indicate which sport(s) the athlete will be participating in at SUNY Maritime College. This form must be completed and on file with the Athletic Training Department prior to participation.

\_\_\_\_\_ **Pre- Participation Examination Requirements.** I understand that SUNY Maritime College requires a pre- participation physical prior to each year of participation in SUNY Maritime College Athletics. I will not knowingly participate if this examination is not completed and on file with the Athletic Training Dept. I am also responsible for contacting the Athletic Training Dept. if I encounter any medical or orthopedic conditions that would alter or exempt my competitive status of a SUNY Maritime College sponsored sport.

\_\_\_\_\_ **Assumption of Risk and Sports Safety.** I will be participating in the following sport(s): \_\_\_\_\_, and I understand that this is/ are a sport(s) that could cause serious injury. Participation in the sport is an acceptance of some risk of injury. In order to minimize this risk, it is necessary that I am aware of and abide by certain safety rules and guidelines. Any abuse of equipment relating to sport could cause serious injury to teammates, my opponents, or myself. I understand that this includes but is not limited to spinal cord and/ or brain injury that may result in paralysis and/ or the possibility of other permanent injury or death. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating in athletics at SUNY Maritime College. This document is intended to make me aware of my responsibility in preventing potential injuries, complying with the treatment plan of the SUNY Maritime College medical staff, reporting all injuries to my coach and/ or the Athletic Training Dept., and that there is a risk of injury. By initialing and signing I acknowledge that I have read the shared responsibility statement.

\_\_\_\_\_ **Medical Consent.** I hereby grant permission to the SUNY Maritime College team physician: Dr. John Ventrudo and/or any consulting physician, (i.e.Hospital Emergency Room Attending Physician) to render any treatment or medical/ surgical care that they deem reasonably necessary to my health and well being. I also hereby authorize the SUNY Maritime College Athletic Training staff, operating under the direction and guidance of the SUNY Maritime College team physician, to render me any emergency, first aid, preventative or rehabilitative treatment that they deem reasonably necessary to my health and well being.

\_\_\_\_\_ **Notice of Privacy Practices and Authorization for Release of Protected Health Information.** HIPAA stands for Health Information Portability and Accountability Act and was created to increase the privacy of individual's health information. The SUNY Maritime College Athletic Training Staff will use and disclose your health information to provide, coordinate, and manage health care related services for you. You have the right to request a restriction of the use and disclosure of your protected health information. You may ask us not to use or disclose some part of your health information for the purpose of evaluation and treatment. You may also request that we not disclose some part of your information to family, coaches, and SUNY Maritime College faculty and staff. Other uses and disclosures of your protected health information will only be made with your written authorization unless otherwise required by law. Disclosures made to individuals outside your health management team will not be required to abide by HIPAA guidelines (i.e. coaches, sports information, NCAA injury surveillance, daily injury report).

By initialing above and signing below, I acknowledge that I have read, understood, and will comply with all of the above policies and procedures. I also acknowledge that if I did not understand, I have contacted SUNY Maritime College to clarify any issues I did not understand. This signed form along with the completed medical history, a completed physical on an approved form, an insurance information form and a copy of my insurance card is required to be delivered to the SUNY Maritime College Athletic Training Department each year prior to participation in any intercollegiate athletics at SUNY Maritime College.

Student's Printed Name: \_\_\_\_\_

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

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

Parent/Guardian Signature: \_\_\_\_\_

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