

PARTICIPANT MEDICAL HISTORY QUESTIONNAIRE

NAME: LAST _____ FIRST _____ SPORT: _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ SEX: MALE _____ FEMALE _____

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

EMERGENCY CONTACT: _____ PARTICIPANT'S PHONE: _____

NAME: _____ PHONE: CELL _____ HOME _____

- | | <u>Yes</u> | <u>No</u> | <u>Has the participant ever had?</u> | | <u>Yes</u> | <u>No</u> | <u>Has the participant ever had?</u> |
|-----|------------|-----------|---|-----|------------|-----------|---|
| 1. | _____ | _____ | Chronic or recurrent illness or injury? | 18. | _____ | _____ | Asthma? |
| 2. | _____ | _____ | Any illness lasting more than (1) week? | 19. | _____ | _____ | Epilepsy or other seizures? |
| 3. | _____ | _____ | Mononucleosis or Rheumatic fever? | 20. | _____ | _____ | Diabetes? |
| 4. | _____ | _____ | Hospitalizations (Overnight or longer)? | 21. | _____ | _____ | Herpes infection? |
| 5. | _____ | _____ | Surgery, other than tonsillectomy? | 22. | _____ | _____ | Marfan Syndrome? |
| 6. | _____ | _____ | Missing organ (eye, kidney, testicle)? | 23. | _____ | _____ | Eyeglasses or contact lenses? |
| 7. | _____ | _____ | Allergies to pollen, stinging insect, food, etc.? | | | | |
| 8. | _____ | _____ | High blood pressure or high cholesterol? | | | | |
| 9. | _____ | _____ | Heart problems (Racing, murmur, skipped beats, infections, etc.?) | 24. | _____ | _____ | <u>Is there a history of?</u>
Injuries requiring medical treatment? |
| 10. | _____ | _____ | Chest pressure or pain with exercise? | 25. | _____ | _____ | Neck injury? |
| 11. | _____ | _____ | Dizziness or fainting with exercise? | 26. | _____ | _____ | Knee injury or surgery? |
| 12. | _____ | _____ | Excessive shortness of breath with exercise? | 27. | _____ | _____ | Other serious joint injuries? |
| 13. | _____ | _____ | Seizures or frequent headaches? | 28. | _____ | _____ | Use of protective equipment or braces? |
| 14. | _____ | _____ | Head injury, concussion, unconsciousness? | 29. | _____ | _____ | Do you know your sickle cell status? |
| 15. | _____ | _____ | Numbness, tingling or weakness in arms or legs with contact? | 30. | _____ | _____ | Has a doctor ever denied or restricted your participation in sports for any reason? |
| 16. | _____ | _____ | Headache, memory loss, or confusion with contact? | 31. | _____ | _____ | Do you have any concerns that you would like to discuss with the doctor? |
| 17. | _____ | _____ | Severe muscle cramps or become ill when exercising in the heat? | | | | |

- | | <u>Yes</u> | <u>No</u> | <u>Family History:</u> |
|-----|------------|-----------|--|
| 32. | _____ | _____ | Does anyone in your family have Marfan syndrome? |
| 33. | _____ | _____ | Has anyone in your family died suddenly for no apparent reason? |
| 34. | _____ | _____ | Has anyone in your family had a heart attack at less than 55 years of age? |

Use this space to explain any "YES" answers from above (questions #1-34) or **to provide any additional information:**

35. Are you allergic to any prescription or over-the-counter medications? Do you have any food allergies? If yes, list: _____

-Do you have a therapeutic use exemption? _____

36. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:

A. _____ B. _____ C. _____

37. Year of last known: Tetanus (lockjaw) vaccination: _____ Meningitis vaccination: _____

38. What is the most and least you have weighed in the past year? **Most** _____ **Least** _____

39. Are you happy with your current weight? **Yes** _____ **No** _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____

2. In the past 12 months, what is the longest time you have gone between menstrual periods? _____

I hereby state that the questions on this form have been answered completely and truthfully to the best of my knowledge.

Signature of Participant

Date

FOR ATHLETES OF MINORITY OF AGE

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted at this UM-RTC, and consent to the provisions of medical, psychological or psychiatric care and treatment emergency medical services, transportation, housing and meals associated with participation in programs conducted at this Michigan Regional Training Center. In the event that emergency medical services are required, I hereby authorize the UM-RTC to act to resolve such emergency without first obtaining my prior consent or the consent the participant's next of kin or any other individual.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Relationship

ASSUMPTION OF RISK , WAIVER AND RELEASE OF LIABILITY, and INDEMNIFICATION
AGREEMENT

I, _____ am a former student-athlete at the University of Michigan and/or am currently an elite amateur or professional athlete. The University of Michigan Athletic Department has agreed to allow me to use the University's athletic facilities (which include, but are not limited to: Schembechler Hall, Yost Ice Arena, Crisler Arena, Canham Natatorium, Indoor and Outdoor track facilities, Fisher Stadium, Keen Arena, The Coliseum, Softball field, Oosterbaan Fieldhouse, Soccer/Field Hockey facilities, Ford Tennis Center, Bahna Wrestling Center, and surrounding fields and courts) for my athletic training and conditioning. I understand that the University of Michigan is not responsible for supervising or conducting my athletic training and conditioning and that my training and conditioning activities ("the Activities") are wholly voluntary. I also understand that I risk sustaining personal injury as a result of the Activities and that I am personally responsible for having medical insurance coverage to cover any costs incurred as a result of any such illness or injury that may occur.

Assumption of Risks: I am fully aware that there are inherent risks and dangers associated with the Activities in which I will engage at the University's athletic facilities. I hereby voluntarily and knowingly assume each of these risks and dangers, and all of the risks and dangers that could arise out of or occur during my participation in the Activities. These risks may include, but are not limited to, risks resulting from the use of the University's equipment or facilities, from the Activities themselves, from the acts of others, or from the unavailability of emergency medical care, risks of loss, property damage, or bodily injury including death.

Waiver/Release: In consideration for being granted the opportunity to train and condition at the University's athletic facilities, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the University of Michigan and its Board of Regents, its, executive officers, administrators, faculty, employees, coaches, athletics trainers, agents, volunteers, and students from and for any and all liability for losses, damages, injuries, accidents, illness (including death), property damage, expenses or costs that may arise as a result of my athletic training and conditioning Activities.

With full knowledge of the risks involved in this training and conditioning, I assume full responsibility for any expenses I may incur in the event of an property loss, accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Health and Insurance: I hereby represent that I am fully able, capable and willing to participate in the Activities identified above. I understand and agree that the University is under no obligation to provide me with any medical or athletic trainer services whatsoever at any time relevant to my participation in the Activities and that all obligation and responsibility to arrange for such services, including identifying appropriate providers, is solely mine and is not shared by the University, or any of its coaches or representatives.

I hereby represent and warrant that I am currently covered by, and at all times that I am training and conditioning at the University's athletic facilities will maintain in effect, a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses, including those I may sustain due to my participation in the Activities. I also understand and agree that the University of Michigan will not be responsible for any medical costs or expenses associated with any injury or illness that I may sustain during the time period over which I am involved in the Activities.

Indemnification: I also hereby agree to indemnify and hold harmless the University of Michigan, its Board of Regents, officers, employees, representatives, agents, coaches, trainers, volunteers, and students from and against any and all claims, actions, suits, proceedings, demands, liabilities, damages, costs and expenses (including but not limited to attorney fees), arising from or relate to my participation in the Activities.

It is my express intent that this agreement to indemnify and hold harmless and the above covenant not to sue shall bind the members of my family and my spouse, as well as my heirs, assigns, executors, and personal representatives.

I hereby represent and warrant that I have or will secure prior to use of any University facilities general liability insurance and errors and omissions coverage, for myself and naming the Regents of the University of Michigan as an additional insured, in amounts of \$1,000,00.00 per occurrence/\$5,000,000.00 aggregate. I also agree that I will maintain such insurance throughout the period of time that I am using the University's athletics facilities for my training and conditioning activities and will provide the University with proof of this insurance upon request.

Compliance and Expenses: I hereby agree to follow and abide by any applicable University of Michigan policies, procedures, rules, regulations, and instructions, as well as applicable laws and regulations (collectively, the "Rules"), in connection with my participation in the Activities and use of any University facility for any purpose whatsoever, and that my participation in the Activities and permission to use the University facilities is based upon my ongoing compliance with all such Rules. I specifically understand and agree that I am not to engage or invite the participation of any University of Michigan student-athlete in any workout or conditioning activity without the prior express permission of a member of the University of Michigan varsity coaching staff and unless a University of Michigan coach is on site and available to supervise the workout or conditioning.

I also acknowledge that I am solely responsible for any and all expenses incurred by me in connection with my participation in the Activities. I understand that the University of Michigan reserves the right to cancel or otherwise make changes to its policies, procedures, and instructions, this Agreement, or the Activities in which I intend to participate for any reason, and that the University shall not be liable to me for any additional loss or expense I may incur due to such cancellation or change.

Severability: I also agree that this assumption of risk, waiver and release of liability and indemnification agreement is intended to be as broad and inclusive as permitted by the laws of the state of Michigan and that, if any portion thereof is held invalid, the balance shall continue in full force and effect.

Acknowledgement: I have read this assumption of risk, waiver and release of liability and indemnification agreement, and have had the opportunity to ask questions, and seek counsel, about its terms. I fully understand this assumption of risk, waiver and release of liability and indemnification agreement; I understand that I am giving up substantial rights in connection with this agreement; and I understand that its terms are contractual, and not merely a recital. I acknowledge that I am signing this agreement freely and voluntarily.

Parent/Legal Guardian signature for participants not 18 years or older.

Date _____

Participant's Name (Please print or type) _____

Parent/Legal Guardian Name (Please print of type) _____

Parent/Legal Guardian's Signature _____

Dates of Participation _____

I represent and certify that my true age is 18 years or older.

Date _____

Participant's Name (Please print or type) _____

Participant's Signature _____

Dates of Participation _____