



# LOUISIANA TECH ATHLETICS

## WALK-ON PARTICIPATION AUTHORIZATION

### To Be Filled Out by the Student-Athlete:

Name		Sport	
CWID#		Birthdate	
Tech Email		Cell #	
High School		Graduation Date	

If you have attended another college (JuCo or 4-Year), list college(s) and date of attendance.

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**I certify the above information is correct.**

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

### To Be Filled Out by the Head Coach:

The above named student has my permission to attempt to become a member of my team. I understand that they will be included on all rosters, the squad list, and in all research data used for the academic year. **This student will not practice with my team until I have been notified by the Compliance office that his/her eligibility has been certified.**

According to NCAA Bylaw 13.02.13.1, this student was: (please circle)

**Recruited**

**Non-Recruited**

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Date

### To Be Filled Out by the Head Athletics Trainer:

All Student-Athletes not on an Athletic Scholarship must show proof of personal health insurance coverage before participating in practice or competition.

Date of Physical: \_\_\_\_\_

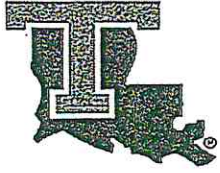
Proof of Insurance (circle)

Yes

No

\_\_\_\_\_  
Head Athletics Trainer

\_\_\_\_\_  
Date



# LOUISIANA TECH

## DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

### Assumption of Risk Agreement and Waiver and Release of All Claims for Non-Scholarship Athlete

In consideration for being permitted by Louisiana Tech University, Department of Athletics, to participate in the named sport below, I hereby waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said sport. This release is intended to discharge in advance Louisiana Tech University, The University of Louisiana System, and the State of Louisiana, and all of the named entities' officers, employees, and agents, from any and all liability arising out of or connected in any way with my participation in said sport, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this sport involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless Louisiana Tech University, The University of Louisiana System, and the State of Louisiana, and all of the named entities' officers, employees, and agents from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said sport.

I am fully aware that Louisiana Tech University, The University of Louisiana System, and the State of Louisiana carry no medical insurance for non-scholarship athletes, and that I am solely responsible for securing my own insurance. I further acknowledge that absent my own medical insurance policy, I will be personally liable for loss, liability, damage, cost, or expense resulting from my participation in the named sport.

For purposes of this agreement, the term "sport" shall include but not be limited to strength and conditioning sessions, practices, games, competitions, and any other activity which can reasonably be inferred to be related to sport.

I have carefully read this agreement, waiver, and release and fully understand its contents. I am aware that this is a release of liability and a contract between me and the Louisiana Tech Athletics Department.

\_\_\_\_\_  
Signature of Non-Scholarship Player

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Non-Scholarship Player

\_\_\_\_\_  
Social Security Number

Sport Played: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent Signature

Contract explained to Non-Scholarship Player by: \_\_\_\_\_

I DO have medical insurance coverage.

\_\_\_\_\_  
Name of policy holder

\_\_\_\_\_  
Social Security Number  
of Policy Holder

\_\_\_\_\_  
Insurance provider

I DO NOT have medical insurance coverage.

# Louisiana Tech University Sports Medicine Sickle Cell Trait Testing Waiver Form

## Facts

- Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense or extensive exertion, the sickle hemoglobin can change the shape of red cells from round to quarter-moon, or "sickle." This change, exertional sickling, can pose a grave risk for some athletes.
- Research shows how and why sickle red cells can accumulate in the bloodstream during intense exercise. Sickle cells can "logjam" blood vessels and lead to collapse.
- We recommend confirming sickle cell trait status in all athletes' pre-participation physical examinations. Knowledge of sickle cell trait status can be a gateway to education and simple precautions that may prevent sickling collapse and enable athletes with sickle cell trait to thrive in sport.
- One in 12 African-Americans (versus one in 2,000 to one in 10,000 white Americans) have the sickle cell trait. The sickle gene is also present in those of Mediterranean, Middle Eastern, Indian, Caribbean and South and Central American ancestry.

## Testing Waiver

I, \_\_\_\_\_, understand and acknowledge that Louisiana Tech University Athletics Department mandates that all student-athletes/potential student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to Louisiana Tech University.

I do not wish to undergo sickle cell trait testing as part of my tryout and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Louisiana, Louisiana Tech University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the mandate of the NCAA and the Louisiana Tech University Athletic Department.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver. Furthermore, I may elect in the future to undergo sickle cell trait testing and will notify the Louisiana Tech University Sports Medicine Department.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Parent/Guardian (if under 18)

\_\_\_\_\_  
Date



# LOUISIANA TECH UNIVERSITY SPORTS MEDICINE

## STUDENT-ATHLETE PHYSICAL EXAMINATION



Date \_\_\_\_\_

Name (Last, First MI) \_\_\_\_\_

Sport \_\_\_\_\_ Academic Year (circle) 1 2 3 4 5

SSN \_\_\_\_\_ Sex  Male  Female

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Allergies: \_\_\_\_\_ SST: - / +

Medicine: \_\_\_\_\_

Med Hx: \_\_\_\_\_

**VITAL INFORMATION:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

<b>GENERAL MEDICAL EXAM</b>		
	WNL	Abnormal Findings
Eyes		L: _____ R: _____
Ears		
Nose		
Throat		
Head		
Heart		
Lungs		
Abdomen		
Genitalia		

<b>ORTHOPEDIC EXAM</b>		
	WNL	Abnormal Findings
Neck		
Spine		
Shoulders		
Elbows		
Wrists/Hands		
Hips		
Knees		
Ankles/Feet		
Reflexes		

Physician Signature \_\_\_\_\_

Physician Signature \_\_\_\_\_

**RECOMMENDATIONS / COMMENTS:** \_\_\_\_\_

**MEDICAL CLEARANCE STATUS:**

- PASSES WITHOUT RESTRICTIONS:** The above named athlete is medically cleared to participate in athletics at Louisiana Tech University.
- PASSES WITH RESTRICTIONS:** The above named athlete is medically cleared to participate in athletics at Louisiana Tech University if the following condition(s) is/are satisfactory completed. \_\_\_\_\_
- FAILS EXAM:** The above named athlete is NOT medically cleared to participate in athletics at Louisiana Tech University due to the above stated reasons.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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