Dear Student-Athlete/Parent/Guardian,

Let me start by congratulating you on becoming a student athlete at MSU-Northern!

Please review all the forms in this packet. Each of the form contains information important to the student-athlete. Forms are located on the front and back of each page. Please complete, sign and date each form. Please return forms to MSU-Northern Athletic Training only!

Please review the forms for completeness. Incomplete forms or information found to be incomplete are unacceptable. Student-Athletes will not be allowed to practice or compete, nor receive any evaluation or treatment, until all the information is provided.

**PLEASE HAVE THE FOLLOWING FORMS COMPLETED AND RETURNED BY July 31, 2015**

**ALL STUDENT-ATHLETES:**
A. Assumption of Risk  
B. Buckley Amendment  
C. Drug Testing Consent  
D. General Physical Examination (completed by family MD, DO, PA, NP only)  
   Physical examinations from chiropractors will not be accepted.  
E. Insurance Notification (Must be signed by legal guardian or policy holder providing coverage)  
F. Insurance Travel Form  
G. Permission to Provide Medical Treatment  
H. Permission to Share Medical Information  
I. Concussion Fact Sheet  
J. Xerox Copy of Health Insurance Card (Front & Back)

Mail or Fax Completed Forms to:

Nichole Borst, Head Athletic Trainer  
MSU-Northern Athletic Training  
Box 7751  
Havre, MT 59501  
Fax (406) 265-4129

Please address any of your questions to: MSU-Northern Athletic Training – 406-265-3593

Thank you for your cooperation!
The purpose of this form is to inform you of the health insurance policy that went into effect at Montana State University-Northern in the Fall of 2005. Please read this entire letter carefully, sign it, and date it at the bottom. It is important that this letter be signed and dated by the Parent/Guardian/Participant of the student-athlete. Your son/daughter will not be eligible to participate in athletics at MSU-Northern until this document is completed and handed in. If you have any questions, please call:

Nichole Borst LAT, ATC- Head Athletic Trainer 406-265-3593

Health Insurance Coverage Agreement

As the parent/legal guardian/participant of ________________________, I understand that Montana State University-Northern does not carry health insurance for their student-athletes. Therefore, I realize that ALL medical bills incurred as a result of my son/daughter participating in athletics at MSU-Northern are my responsibility. I realize that it is mandatory for my son/daughter to be adequately covered by health insurance while participating in athletics at MSU-Northern. This health insurance policy that I have chosen, covers my son/daughter for accidents that occur from sports participation (broken bones, torn ligaments, dislocation, etc…). If I cancel or have my medical insurance discontinued for any reason, either voluntarily or involuntarily, I realize that all medical bills that may accumulate are still my responsibility and not the responsibility of MSU-Northern or its employees. It is the responsibility of the Parent/Guardian/Participant to determine if the insurance the student-athlete is currently covered under is adequate for athletic participation and will cover the student-athlete in the state of Montana State University-Northern. Should the insurance not cover athletics or in the state of Montana all medical bills will be the responsibility of the parent/guardian/participant. The student-athlete must be covered during all participation of any type of sport/team related activity throughout the school year. This includes all pre-season, in-season, postseason and off-season activities that take place during the school year and season of the sport. If the student-athlete is not covered during any of this time, they will not be allowed to participate. Any injury incurred will not be the responsibility of Montana State University-Northern. It is the recommendation by the MSU-Northern Athletic Training staff that the student-athlete be covered for all 9-10 months while at school.

I have read the above agreement and understand its contents.

Print Student-Athlete’s Name ____________________________________________

Signature of Student-Athlete ____________________________________________

Sport of Student-Athlete _______________________________________________

  • Date Signed ____________

Print Parent/ Legal Guardian’s Name ______________________________________

*Signature of Parent/ Legal Guardian ______________________________________

2014-2015
Insurance Travel Form

Student-Athlete Name: __________________________ SS #: __________

Sport(s): _______________________________

Age: _________ Birthdate: __________

Harve address while at Northern: _______________________________ Phone: __________

City: ________________ Zip Code: _________ State: _____

Home (Permanent) Address: _______________________________ Phone: __________

City: ________________ Zip Code: _________ State: _____

Emergency Contacts:
Emergency Contact #1:
Name: _____________________ Phone: ________________ Relationship: ___________

Emergency Contact #2:
Name: _____________________ Phone: ________________ Relationship: ___________

Personal Information:
Allergies: _________________________________

Medications: _______________________________

Circle if any apply: Heart Murmur Diabetes Epilepsy Contacts Retainers

Other Conditions: _______________________________

Insurance Information:

Insurance Company: ________________________________

Address: ___________________________________________

Phone Number: (____)__________________ Circle: HMO/PPO/Other: __________________

Policy Holder’s Name: ______________________________

Policy or Member ID #: ____________________________ Group #: ____________________________

2014-2015
Permission to Share Medical Information

I, ___________________________, do allow the Montana State University-Northern Athletic Training Staff to discuss my Protected Health Information with my coaching staff and others when necessary, (see below). I understand that this information may be pertinent to the decision of participating that day during practice or competition.

The following is the type of information that may need to be discussed:
- Injuries
- Illnesses
- Rehabilitations
- Progress notes
- Past medical information that may affect participation status
- X-rays
- Test results

The following are the people this information may need to be discussed with:
- Coaches of the sport(s) I participate in
- Other athletic training staff members
- MSU-Northern Team physicians
- Campus nurse
- Personal physician
- Athletic Director
- Professional teams – only after a waiver has been signed for that particular request
- Parents/Guardian and/or spouse
- HAAC/NAIA – in regards to eligibility status

I understand that by not signing this release, I will not be denied treatment for injuries; however it may affect my participation status for the coaching staff. Should I choose to revoke the permission to share medical information I must do so in writing. This authorization will expire one academic year from the date it is signed.

Student-Athlete Print Name ________________________________________________

Student-Athlete Signature__________________________________________________

Date__________

* This information will be handled in strict accordance with the Family Educational Rights and Privacy Acts of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA). The student-athlete will be granted a copy of this form upon release of medical information, or upon request at any time.

2014-2015
Permission to Provide Medical Treatment

I, _____________________________, hereby give my permission to undergo medical treatment for any injury or illness that may be sustained or acquired by me while engaged in intercollegiate athletics at Montana State University-Northern or at any College or University, in which Montana State University-Northern will compete against, by Medical Personnel that is a representative at the College or University. I understand that the medical personnel will perform only those procedures that are within their training, credentials, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. In the event that more serious medical procedures are required, such as surgery, I understand that every attempt will be made to contact my parent(s)/guardian(s) for consent (if minor). I understand that if I suffer a potentially life-threatening injury or illness, and in the event that my parent(s)/guardian(s) can not be reached within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem. I have had time to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

Student-Athlete Print Name ________________________________________________

Student-Athlete Sign Name ________________________________________________

Date ___________
Assumption of Risk/Release of Liability

All blanks must be filled in – Sign and date at the bottom!!

I, ____________________, hereby acknowledge that I have voluntarily applied to participate in the college ___________________ program at Montana State University-Northern (MSU-Northern). I am aware that ___________________ can be a hazardous activity, and I am voluntarily participating in this activity with the knowledge of the dangers involved and hereby accept any and all risks of injury or even death.

As lawful consideration for being permitted by MSU-Northern to participate in this activity and use its facilities, I hereby agree that I, my heirs, distributes, guardians, legal representatives, and assigns will not make claim against, sue, attack the property of, or prosecute, MSU-Northern, any of its affiliated organizations, owners, officers, employees, agents, servants, or contractors as a result of my participation in this activity.

I hereby release MSU-Northern, its affiliated organizations, owners, officers, employees, agents, servants, or contractors from all of its action, claims, or demands, I, my heirs, distributes, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in ___________________.

I realize the possibility that I may die, become paralyzed, or suffer brain damage or other serious injuries as a result of my participation in ___________________. I realize neither the protective equipment, the safety rules, the coaching instruction, nor the sports medicine care I am provided will guarantee my safety or prevent all possible injuries. It is the intention of the undersigned to exempt and relieve MSU-Northern and associated parties from liability for personal injury, property damage, and wrongful death.

Furthermore, I attest that I am physically fit and have sufficiently trained for ___________________. I do not have any medical history or conditions that may exclude me from participation in ___________________.

- I have carefully read this agreement and understand its contents. I am aware that this release of liability is a contract between me and MSU-Northern and its affiliates. I sign of my own free will.

Student-Athlete Print Name ____________________________________________

Student-Athlete Sign Name ____________________________________________

Date ____________

2014-2015
Buckley Amendment Consent

By signing this form, you certify that you agree to disclose your educational records.

You understand that this entire form and the results of any Montana State University-Northern drug test you may take are part of your educational records. These records are protected by the Family Educational Rights and Privacy Act of 1974, and they may not be disclosed without your consent.

You give your consent to disclose only to authorized representatives of this institution, its athletic conference and the NAIA, the following documents.

- This form
- Results of MSU-Northern drug tests
- Any transcripts from your high school, this institution, or any junior college or any other four-year institutions you have attended.
- Pre-college test scores and appropriately related information and correspondence (ex. testing sites and dates, letters of test score certification or appeal)
- Records concerning your financial aid
- Any other papers or information obtained by this institution pertaining to your NAIA eligibility.

You agree to disclose these records only to determine your eligibility for intercollegiate athletics, your recruitment by this institution, your eligibility for related financial aid and the Drug Free Schools Act.

Student-Athlete Print Name ______________________________

Student-Athlete Sign Name ______________________________

Date ____________

2014-2015
Department of Athletic Training

Drug Testing Consent Form

By signing this form, you certify that you agree to be tested for drugs at any time, for any reason during the academic school year. This is your formal notification and will serve as your

You agree to allow Montana State University-Northern (MSU-Northern) to test you for the banned drugs that are listed in the MSU-Northern Banned Drug List. This means that you agree to allow MSU-Northern to test on a year round basis for the banned drugs appearing on the MSU-Northern Banned Drug List, this list is in the student-athlete handbook and at the end of this packet. Additionally, you also agree to be tested for anabolic steroids, elevated levels of HGH, diuretics, urine manipulators, and any drug masking agent.

You understand that if you test positive, you will be responsible for the payment of the drug testing fee. If you test negative, the institution/team/sport will assume the cost of the fees.

You understand that if you test positive, you will be notified by the head athletic trainer and you will be subjected to an immediate suspension from participation in all athletics at MSU-Northern for a minimum of two weeks. You will be required to meet with the head athletic trainer and athletic director for further counseling. You understand that if you test positive you may be drug tested on a random basis for a period of one year. You understand that the head athletic trainer will maintain copies of your drug testing results. You understand that each individual coach may have higher standards for a positive drug test, and that a positive test will result in an application of those standards.

You understand that if you test positive a second time, you and your parent(s)/guardian(s) will be notified by the head athletic trainer. You will once again be responsible for the drug testing fee. In addition, the athletic director will contact the Campus Life Office and the Financial Aid Office regarding your drug test results. You understand that you will be suspended from participating in MSU-Northern athletics for a full academic year.

You understand that this consent and results of your drug test, if any, will only be disclosed in accordance with the provisions of the Buckley Amendment Consent.

You agree to disclose your drug testing results only for the purpose related to your eligibility, the federal government financial aid guidelines, and Drug Free Schools Act.

I have read the above MSU-Northern Drug Testing Consent Form and agree to abide by the MSU-Northern Substance Abuse Policy.

Student-Athlete Print Name ________________________________
Student-Athlete Sign Name ________________________________
Date ____________

2014-2015
BANNED DRUG LIST:

(a) Stimulants:
amiphenazole methylenedioxy methamphetamine amphetamine (MDMA, ecstasy) bemigride methylphenidate benzphetamine nikethamide bromantan pemoline caffeine1 (guarana) pentetrazol chlorphentermine phendimetrazine cocaine phenmetrazine cropropamide phentermine crothetamide phenylpropanolamine (ppa) diethylpropion picrotoxine dimethylamphetamines pipradol doxapram prolintane ephedrine (ephedra, strychnine ma huang) synephrine (citrus aurantium, ethamivan zhi shi, bitter orange) ethylamphetamine and related compounds. fencamfamine The following stimulants are not meclofenoxate banned: methamphetamine phenylephrine pseudoephedrine

(b) Anabolic Agents: anabolic steroids 
androstenediol methyltestosterone androstenedione nandrolone boldenone norandrostenediol clotebol norandrostenedione dehydrochlormethyl-norethandrolone testosterone oxandrolone dehydroepiandro-oxyxymesterone stosterone (DHEA) oxymetholone dihydrotestosterone stanozolol (DHT) testosterone2dromostanolone tetrahydrogestrinone (THG) epitrenbolone trenbolone fluoxymesterone and related compounds gestrinone mesterolone other anabolic agents methandienone methenolone clenbuterol

(c) Substances Banned for Specific Sports:
Rifle: alcohol pindolol atenolol propranolol metoprolol timolol nadolol and related compounds

(d) Diuretics: acetazolamidebendroflumethiazide benzthiazide bumetanide chlorothiazide chloralazine ethacrynic acid flumethiazide furosemide hydrochlorothiazide hydroflumethiazide methyclothiazidemetolazonepolythiazide quinethazone spironolactone (canrenone) triamterene trichlormethiazide and related compounds

(e) Street Drugs: heroin tetrahydrocannabinol marijuana3 (THC)3

(f) Peptide Hormones and Analogues: corticotrophin (ACTH) human chorionic gonadotrophin (hCG) luteinizing hormone (LH) growth hormone(HGH, somatotrophin) insulin like growth hormone (IGF-1)
All the respective releasing factors of the above-mentioned substances also are banned: erythropoietin (EPO) sermorelin darbepoetin

(g) Definitions of positive depends on the following: for caffeine—if the concentration in urine exceeds 15 micrograms/ml. 2for testosterone—if the administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine to greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition. 3for marijuana and THC—if the concentration in the urine of THC metabolite exceeds 15 nanograms/ml.
Concussions: Fact Sheet for ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
• Is caused by a bump or blow to the head
• Can change the way your brain normally works
• Can occur during practices or games in any sport
• Can happen even if you haven’t been knocked out
• Can be serious even if you’ve just been “dinged”

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Bothered by light
• Bothered by noise
• Feeling sluggish, hazy, foggy, or groggy
• Difficulty paying attention
• Memory problems
• Confusion
• Does not “feel right”

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
• Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

• Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

• Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?
Every sport is different, but there are steps you can take to protect yourself.
• Follow your coach’s rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.
• Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
  > The right equipment for the game, position, or activity
  > Worn correctly and fit well
  > Used every time you play

Remember, when in doubt, sit them out!

By signing here, I acknowledge that I have been informed about Concussions (MTBI) including the signs, symptoms, guidelines of classification and care.

Student Athlete’s Printed Name _____________________________  Date_______________
Student Athlete’s Signed Name_____________________________