

Spartan Athletic Therapy Centre

The Spartan Sports Medicine Team:

- Head Athletic Therapist
- Assistant Athletic Therapist
- General Practitioner
- Sports Medicine Physician
- Chiropractor
- Registered Massage Therapist
- Strength and Conditioning Coach
- Team Student-Therapists – assigned to each varsity team
- Clinical Therapist assistants

Athlete Eligibility (from a Therapy perspective):

Athletes must complete the following, in order to participate as a Spartan student-athlete:

Pre-participation Medical Information form: This **MUST** be completed **in its entirety PRIOR** to any activity with a team, including try-outs and/or training camp.

Proof of Physician's clearance for participation (Pre-Participation Physical Examination Form) for **ALL** first year athletes, transfers, and those who are "red flagged" through the Medical Information form. This must be presented to the Head Therapist **PRIOR** to any activity with a team, including try-outs and/or training camp.

Complete the online CCES Drug Education Seminar/Certificate – must be certified **PRIOR** to any activity with a team.

Hours of Operation:

Monday – Thursday 9:00 am - 5:00 pm

Friday 9:00 am – 2:00pm

Reserved hours: Monday from 9:00 am-12:00pm dedicated for "in-season" teams and for those athletes who have been injured during weekend competitions.

Injury Care:

For injury care, please **MAKE AN APPOINTMENT** by signing up in the appropriate time slots on the sheets found at the Spartan Athletic Therapy Centre (located next to the women's change room). Please speak to the head therapist if you cannot attend an appointment, cannot get an open appointment, or have an urgent problem. Drop-in appointments are NOT accepted. Injuries cannot be assessed and resolved 10 minutes prior to practice.

Assessments: 40 minutes (2 time slots); Treatments: 20 minutes (1 time slot), plus time for rehabilitation exercises

In order to accelerate your recovery, the care of another medical professional (sport medicine physician, chiropractor, physiotherapist, acupuncturist, massage therapist) may be suggested. Any costs incurred while receiving treatment from these professionals are the responsibility of the student-athlete. You may, however, be eligible for reimbursement through the Students' Accident Insurance Program, or through your parent(s) extended health plan.

As an athlete, it is to your benefit to report any and all injuries when they occur.

Early recognition and treatment is the key to a quick return!

"Don't you know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honour God with your body."

1 Corinthians 6:19-20

Emergency Policies and Procedures

The department of athletics will provide a member of the Spartan Athletic Therapy staff for most practices and home contests. This therapist shall be First Aid & CPR certified and trained as to the emergency procedures.

In cases of minor injury, a member of the Athletic Therapy Team should be notified and details of the injury must be recorded after first aid is rendered. Note: If you have a chronic injury, use a brace to reduce the chance of further injury and the expense of taping. In injury cases requiring a physician's care, the head therapist in concert with the physician and coach will clear the athlete for participation.

The Athletic Therapy team shall maintain a file on an athlete's injuries indicating the

- Date and nature of injury.
- Procedures followed in care and treatment of injury.
- Suggested referrals and imaging reports

Insurance and Medical Information

In keeping with the general student policy of the university and in order to be covered under the TWU student-accident insurance, each Canadian resident student-athlete is responsible to have a valid provincial medical insurance number and plan (or interim coverage if you are a U.S. or international student) before he or she will be permitted to formally participate with any of the university's athletic teams.

U.S. and International visa students residing in B.C. without insurance **must** apply for coverage through the university's insurer until they become eligible for provincial (MSP) coverage. Go to the Wellness Centre to purchase interim insurance. U.S. students residing in the U.S. and commuting to TWU must have a valid and adequate insurance plan while coming to school and playing sports in Canada. Costs are approximately \$835 for 1st year and \$880 returning, student's prices may increase due to rising health care costs. This must be done before any preseason practices or competitions begin. Failure to do so will result in pulling the athlete from any participation of competition or practise until proof of insurance has been shown.

ALL students are responsible to ensure that they have valid and adequate medical insurance coverage.

Medical expenses required as a result of an athletic injury or necessity to maintain an athlete's physical fitness for competition will be covered by the insurance provider and then if applicable the university's insurance.

Each student is to be physically sound before practicing or competing with any athletic team and will be required to provide evidence of a physical examination and a Doctor's approval to play upon entry into the Spartan Athletics program. In addition, each participant is required to complete a Pre-Participation Medical Information Form and a Participant Athlete Waiver/Assumption of Risk, Registration and Acknowledgment Form prior to participation on an athletic team (including try-out camps).

A coach or the athletic therapist may recommend or require a medical examination and/or treatment if an athlete's physical fitness is in question. The athlete will assume financial responsibility for any such medical attention.

If you have been injured, **immediately** have a member of the Athletic Therapy Team record the details of the injury. In cases requiring a physician's care contact the Campus Nurse, who will provide you with a claim form if needed and further instructions.

2014-15 MEDICAL FORM CHECKLIST

1st YEAR Athletes at TWU Require COMPLETED...

- ✓ 2014-15 Pre-Participation Medical Information Form
- ✓ TWU Pre-Participation Physician's Examination Form
- ✓ TWU Spartan Athletics Participant Waiver
- ✓ Athletes Conduct, Commitment and Responsibilities Form
- ✓ CIS Student –Athlete Acknowledgement and Consent Form
- ✓ CIS Student-Athlete Registration Form
- ✓ Printed Certificate from on-line Drug Seminar

****NOTE: Non-Canadian Athletes must sign-up/renew their MSP (BC Health Care) at the wellness center prior to the 1st Training Session**

RETURNING Spartan Athletes Require COMPLETED...

- ✓ Returning Athlete Medical Questionnaire Form
- ✓ TWU Spartan Athletics Participant Waiver
- ✓ Athletes Conduct, Commitment and Responsibilities Form
- ✓ CIS Student –Athlete Acknowledgement and Consent Form
- ✓ CIS Student-Athlete Registration Form
- ✓ Printed Certificate from on-line Drug Seminar

****NOTE: Non-Canadian Athletes must sign-up/renew their MSP (BC Health Care) at the wellness center prior to the 1st Training Session**

TWU SPARTAN ATHLETICS PARTICIPANT WAIVER

READ this CAREFULLY as YOU are signing an IMPORTANT DOCUMENT!

Initial here

Participation in athletic activities and the travel to and from these activities involves the *risk of personal injury*. The use of equipment, facilities, and premises of Trinity Western University (the "University"), and other institutions by persons participating in athletics shall constitute *acceptance of that risk* regardless of the nature of injury. Trinity Western University, its officers, governors, directors, employees, agents, student workers, volunteers and their heirs, executors, administrators, successors, and assigns (hereafter defined as "TWU") shall not be liable for any causes of action, suits, injury, claims, loss, damages, costs and expenses of any nature or kind whatsoever, whether in law or in equity, including but not limited to, injuries sustained or suffered by persons participating in athletics or recreation activities at the University, whether caused directly or indirectly by the negligence or fault of TWU, and the student athlete hereby waives any such claims. Where the parent or guardian of the student-athlete has consented to the participation of the athletic representative by signing this registration form, the parent or guardian hereby agrees to waive any claim against TWU, which the parent or guardian may have for any and all causes of action, suits, injury, claims, loss, damages, costs and expenses of any nature or kind whatsoever, whether in law or in equity including, but not limited to, injuries sustained by the student athlete and agrees to indemnify and save harmless TWU from any such claims.

WARNING Any participant with known physical conditions that may be aggravated by participation in this sport (examples: epilepsy, heart conditions, joint problems, a state of poor physical condition, etc.) should check with their physician before participating. TWU, Canada West and the Canadian Interuniversity Sports (CIS) are not responsible for pre-event screening of participant and/or injuries incurred during the event.

Pursuant to the Freedom of Information and the Protection of Privacy Act of British Columbia (1994), I hereby authorize and direct you to release to TWU, Canada West, and the CIS, information concerning my academic records to confirm eligibility requirements in order to compete. You may also use information to assist in the annual awards selection process for TWU, Canada West and the CIS.

Media Release: I also hereby authorize and allow the University to *release information and news* about my athletic and academic student achievements to the local, provincial, and my hometown media.

Initial here

Out of Country Athletes: I understand that I must obtain and keep current British Columbia Health Insurance (BC-MSP).

Initial here

Anti-Doping Policy: I acknowledge that the CIS Anti-Doping Policy has been made available to me and understand that it is my responsibility to comply with the guidelines contained in the Anti-Doping Policy.

Initial here

Sports Medicine Treatment Consent

ATHLETE'S NAME: _____ **SPORT:** _____

I hereby grant permission to the team physician(s) and/or campus physician(s), and such other persons, including, but not limited to physicians, athletic therapists, physiotherapists, chiropractors, massage therapists, psychologists, nutritionists, student therapists, coaches, strength/conditioning coaches, and such other persons deemed by Trinity Western University appropriate for maintaining the health and well-being of its campus and who form part of their sports medicine team (hereafter defined as the "Sports Medicine Team"), in addition to those professional personnel designated by them, including the athletic therapy staff/students, CIS host medical personnel, emergency medical personnel and other relevant persons to treat: _____ (me/my son/daughter/dependent). This permission includes emergency surgery and admission to the hospital as deemed necessary in addition to drugs, therapeutic modalities, and rehabilitation exercises used as part of treatment.

I understand that failure to provide an accurate health history or report injuries to the University or the Sports Medicine Team may void the University's responsibility. The University reserves the right, in its absolute discretion, to withhold any athlete from participating in intercollegiate sports.

I recognize that participation in an intercollegiate sport is highly competitive, demanding physically, AND THAT A RISK OF INJURY IS PRESENT. The University will take reasonable precautions to safeguard health and safety, but I realize that serious and potentially debilitating or fatal injuries can and do occur.

Athlete Signature _____ **Date** _____

Parent Signature _____ **Parent's Name** _____ **Date** _____
(Required if athlete is under 19 years old)

Athlete Informed Consent to Allow Information Sharing Amongst the Sports Medicine Team

Members of the medical team will be meeting and/or discussing on a regular basis how to best address health concerns and performance of Spartan athletes. Members of the Sports Medicine Team include (but may not be limited to) physicians, athletic therapists, physiotherapists, chiropractors, massage therapists, psychologists, nutritionists, student therapists, coaches, and strength/conditioning coaches. During the course of such discussions, the medical team may need to share confidential information about a Spartan Athlete amongst its members. The information that is shared is generally restricted to only that which is required to allow the rest of the Sports Medicine Team understand the status of an athlete within the area of expertise that member provides to the medical team. Sharing of information may be verbal, in writing, or electronic. All information that is shared is held in the strictest confidence by all members of the Sports Medicine Team.

In signing this consent, you state that you have read and understand the purpose for which the Sports Medicine Team members may share confidential information about _____ (me/my son/daughter/dependent) and that you consent to the sharing of such information about _____ (me/my son/daughter/dependent). You may withdraw this consent at any time by providing written notice to Natalie Ghoibrial (Head Athletic Therapist).

CONSENT

I have read the above information and understand the purpose for which the Sports Medicine Team members may share confidential information about _____ (me/my son/daughter/dependent). I give consent to the Sports Medicine Team members to share confidential information about _____ (me/my son/daughter/dependent).

Athlete Name (print)

Athlete Signature

Date

Parent Name (print)

Parent Signature
(Required if athlete is under 19yrs old)

Date

ATHLETES CONDUCT, COMMITMENT AND RESPONSIBILITIES

All student-athletes who are a member of TWU teams are representing Trinity Western University and Spartan Athletics. To make a commitment to a varsity program, it is important to remember that your commitment is made to fellow athletes, coaches, the program and community standards of TWU for the duration of the athletic year. Athletes are expected to show good judgement and maturity when travelling or participating under the University's name.

STUDENT-ATHLETE RESPONSIBILITIES

It is the responsibility of the student-athlete to be aware of and adhere to the rules and regulations of TWU in addition to those implemented by the coach and administration. Athletes are responsible for the following:

1. Representing Trinity Western University in a mature, responsible Christian manner in all situations. Acting in accordance with the regulations and expectations of Trinity Western University as brought forth in the mission statement and adjoining code of conduct. Athletes at Trinity Western University, whether on or off the playing field or court are representatives of the Lord Jesus Christ.
2. 100% commitment to the team and its area of service as well as full attendance at games and practices.
3. Maintaining suitable academic study/work habits as well as the maintenance of minimum cumulative G.P.A. of 2.0 after two semesters.
4. An athlete must attend classes, and pass to participate.
5. An athlete transferring to TWU who has previously participated in intercollegiate sports must notify the coach and director of athletics.
6. An athlete must NOT disclose any TWU financial aid information as this is confidential.
7. The student-athlete is responsible for facilitating the jobs of the manager, therapist and coach. This includes the return of the uniforms and equipment following games, practices and /or trips, assistance in loading and unloading vans, cleaning of the vehicles after use, and assisting with home game concessions.
8. Student-athletes are required to provide evidence of a physical examination performance within the last two years by a physician or submit to a physical examination prior to participation.
9. Any athlete involved with the illegal use of drugs will be automatically suspended from the program.
10. **Commitment:** *Whatever you do, work at it with all your heart, as working for the Lord, not for men, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving. (Colossians 3:23-24)*

Do you not know that in a race all the runners run, but only one gets the prize? Run in such a way as to get the prize. Everyone who competes in the games goes into strict training. They do it to get a crown that will not last; but we do it to get a crown that will last forever. Therefore, I do not run like a man running aimlessly; I do not fight like a man beating the air. (I Corinthians 9:24-26)

I have read and understand the above information:

Student-Athlete signature

Date

Signature of Coach (witness)

Date



SPARTAN ATHLETICS



Pre-Participation Medical Information 2014-2015

General Information

PLEASE PRINT LEGIBLY IN INK; Take your time and answer thoroughly

Name: _____ Sport(s): _____

Date of Birth: ____ / ____ / ____ Age: ____ yrs. Gender: M / F Student I.D. #: _____
Month Day Year

Health Card #: _____ Province of Health Care: _____

Address during school year (if in res., provide bldg. name & room#): _____

_____ () _____
City postal code phone TWU box# e-mail address

Permanent address: _____
_____ City; province / state

_____ () _____
Postal / zip code phone e-mail

Family Physician's Name: _____ Phone: () _____ City: _____

Date of last physical: _____

IN CASE OF ILLNESS OR EMERGENCY, PLEASE NOTIFY: (parent / spouse / guardian...)

Name: _____ Relationship: _____

Address: _____

Phone: home () _____ work () _____ cell/pager () _____

Name: _____ Relationship: _____

Address: _____

Phone: home () _____ work () _____ cell/pager () _____

Medical History

Date of last Tetanus shot: _____ Hepatitis B: _____ # of doses _____ Meningitis vaccine: _____

As an Adult: lowest weight _____ highest weight _____ desired weight _____

Y N Allergies: medications, foods, insects _____

Y N Do any major illnesses/diseases (cancer, heart disease) run in your family? Who? What? _____

Y N Other than accidents and injury has any family member died suddenly or otherwise at <50 years of age due to heart disease in one or more relatives? (eg Heart attack) If yes, elaborate: _____

Y N Disability from heart disease in a close relative < 50 years of age? _____

Y N Have you heard of any family members with a serious heart problem at an early age such as: Hypertrophic Cardiomyopathy or DC, long QT syndrome or other channelopathies, Marfan syndrome or clinically important arrhythmias? _____

Y N Do you take any prescription, non-prescription medication OR supplements/vitamins (i.e. Herbal remedies, advil/ibuprofen, creatine, anabolic steroids, laxatives, water pills...)? What? _____

Y N Are you currently under a doctor's care for any medical conditions? What? _____

Y N Have you ever been advised, for medical reasons, not to participate in certain sports? If yes, elaborate: _____

Y N Have you ever been hospitalized overnight or longer? When? Why? _____

***Please read carefully and answer fully. Respond to the following with a ‘P’ (previous), ‘C’ (current), or leave blank (no).**

Do you or have you ever had: (please elaborate in the space provided below).

HEAD	26. heart disease	50. hernia	75. unintended weight loss
1. frequent headaches	27. heart palpitations	51. blood in urine	76. eating disorders
2. concussion	28. sickle cell disease	52. blood in stool	77. HIV positive
3. dizziness with exertion	29. poor circulation	53. ulcers	78. metal implants
4. migraines	30. anemia	54. liver / gall bladder prob.	79. surgery
5. balance problems	31. phlebitis	55. hepatitis	80. bleeding disorder
6. coordination problems	RESPIRATORY	56. kidney / bladder problem	FEMALE SECTION
7. ringing in the ears	32. cough w/ exercise	57. painful urination	81. severe menstrual cramps
8. loss of smell or taste	32. shortness of breath	58. enlarged / ruptured spleen	82. irregular menstruation
9. recurring earaches	34. asthma / wheezing	59. single / missing organs	83. loss of menstruation >3months
10. loss of memory	35. collapsed lung	SKIN	within the past 2 years?
11. fainting with exercise	36. pneumonia	60. skin allergies	INJURIES
12. recurring blackouts	37. tuberculosis	61. herpes	84. fracture, stress fractures
13. double / blurred vision	38. smoking	62. rashes	85. neck injury / problems
14. wear glasses	39. bronchitis	63. athlete’s foot, warts etc.	86. burner / stinger
15. wear contact lenses	40. emphysema	OTHER CONDITIONS	87. low back problems
16. use of dental appliances	HEAT DISORDERS	64. rheumatic fever	88. face, jaw, nose
17. sinus problems	41. dehydration problems	65. chicken pox	89. shoulder
18. frequent nosebleeds	42. heat stroke / exhaustion	66. measles / mumps	90. elbow
19. meningitis	43. excessive thirst	67. infectious mononucleosis	91. wrist
20. convulsions / seizures	44. frequent muscle cramps	68. diabetes	92. hand
CARDIOVASCULAR	DIGESTIVE / ORGANS	69. arthritis	93. hip
21. heart murmur	45. frequent abdominal pain	70. cancer	94. knee
22. high blood pressure	46. diarrhea w/ travel, sports	71. thyroid problem	95. lower leg
23. low blood pressure	47. constipation w/ travel	72. depression	96. ankle
24. unexplained syncope/fainting	48. indigestion / heart burn	73. anxiety/panic attacks	97. foot
25. chest pain with exercise	49. abnormal bowel mv’ts	74. insomnia	98. other

Please elaborate on any conditions that you marked with a ‘P’ or a ‘C’.

Condition #	Date(s) – year, month	Comments – include severity, duration, treatment etc.		
Concussions	Date(s)	Unconsciousness ?	Duration of symptoms	MRI/CT/Neuropsych

I _____, certify that the above information is true, and I have made a full and complete disclosure concerning any and all illnesses, allergies, injuries, physical characteristics and conditions regarding my medical information/history.

The University reserves the right, in its absolute discretion, to withhold any athlete from participating in intercollegiate sports.

I give the Sports Medicine Team and the Spartan Athletics Staff consent to inform my Emergency Contact(s) should I be involved in a medical emergency. I consent to the release of all information from this medical history and exam to the TWU Athletics Therapists, Sports Medicine Team, Team coaches, Emergency Medical Personnel and any other relevant persons who may require this information.

Student-Athlete Signature

Date

Parent Signature (Required if athlete is under 19 years old)

Date

TWU PRE-PARTICIPATION PHYSICIAN'S EXAMINATION

NAME: _____ B/D _____ / _____ / _____
 (Last) (First) (Initial) mm/ dd /yyyy
 Box # TWU _____ Local Phone _____ Citizenship _____
 Home Address: _____
 (Street) (City) (Province/state) (Postal Code/zip)
 Emergency contact person: _____
 (Relationship) (Phone #)
 Medical Insurance Company: _____ Policy # _____

ATTENTION EXAMINING PHYSICIAN: Please review the medical history form completed by the student and elaborate if needed in the space below. Then complete the physical exam and summary section. The intent is not solely to disqualify athletes from participation that would be at significant risk, but also to identify athletes who may need follow up care or intervention to maximize their safety and performance.

MEDICAL HISTORY: Review any significant points from the student's form _____

PHYSICAL EXAM:

Height: _____ Weight: _____ Marfanoid features? _____
 Vision: rt. _____ lt. _____ pupils _____ fundi _____
 Neurological: DTR: _____ Balance: _____ CNS _____
 Head and neck: _____ Hearing _____
 BP: _____ Heart sounds _____ rate: _____ Rhythm _____
 Respiratory: _____ abdomen _____ Hernia: Y _____ N _____
 Skin: _____ Lymphatics: _____
 Musculoskeletal system: Right Left Right Left
 Wrist/hand _____ Knee _____
 Elbow _____ Ankle _____
 Shoulder _____ Back _____

SUMMARY: Based on review of the medical history and physical exam I find this athlete to be:

- Fit for play in the designated sport.
- Fit with the reservations listed below.
- Unfit for the reasons below.

Information the coach or therapist should be aware of (i.e. Asthma, musculoskeletal rehabilitation advised, etc.)

Physicians Signature: _____ MD Date: _____

Please stamp or type name, address and phone number of physician.



STUDENT-ATHLETE ACKNOWLEDGEMENT and CONSENT FORM

Participation within Canadian Interuniversity Sport (CIS) is a privilege that requires full compliance with CIS regulations, including CIS Eligibility, Athletic Financial Awards, and Doping Education & Control Regulations ("all referred to hereafter as the "Regulations").

IT IS YOUR RESPONSIBILITY as a student-athlete to obtain copies of these Regulations from your coach and/or Athletic Department and/or online, and to make sure that you **INFORM YOURSELF** as to how these regulations relate to your particular circumstances. Regulations are always available for viewing or downloading at www.cis-sic.ca.

YOU NEED TO BE AWARE THAT if you participate in CIS competition and are found to be in violation of CIS Regulations, you may, among other sanctions, forfeit your eligibility for the remainder of the current competitive year and subsequent years. Further, teams automatically forfeit all competitions in which an ineligible student-athlete participated

CIS ATHLETIC FINANCIAL AWARD (SCHOLARSHIPS) TO BE AUDITED: THIS IS IMPORTANT!!! Every student-athlete who participates in CIS training or competition is subject to the CIS athletic financial award auditing system. This means that CIS may request the timely production of financial records (which may include, but not necessarily be limited to, personal banking statements, tax records, residence rental agreements, institutional and workplace pay stubs, etc). By signing this "CIS Athlete Acknowledgement and Consent Form (AAC)" you are indicating your understanding of, and adherence to, CIS scholarship policies, and your consent to participate in an audit for a period of up to 18 months from the date of signing. Failure to complete and sign the AAC form may result in your ineligibility for participation in any CIS program(s).

ANTI-DOPING REGULATIONS: CIS is unequivocally opposed to any doping practices by student-athletes or by individuals in positions of leadership in amateur sport (i.e. coaches, medical practitioners, sport scientists, administrators, team managers, etc.). This not only includes the presence of a World Anti-Doping Agency (WADA) *Prohibited Substance* or its *Metabolites* or *Markers* in an *Athlete's bodily Sample*, but also:

- Use or attempted use;
- Refusing or evading;
- Athlete availability, whereabouts information and missed tests;
- ampering or attempted tampering with any part of doping control;
- Possession of prohibited substances and methods;
- Trafficking or attempted trafficking;
- Administration or attempted administration.

Every athlete who participates in CIS training or competition is subject to doping control. Each CIS athlete is required to sign this "CIS Athlete Acknowledgement and Consent Form (AAC)" indicating their understanding of, and adherence to, CIS Anti-Doping Policy, and which includes their consent to doping control for a period of 18 months as of the date of signing. Failure to complete and sign the AAC form may result in an athlete's ineligibility for participation in any CIS program(s) but will not preclude doping control if the athlete has participated in any CIS training or competition. Sanctions for anti-doping rule violations are as specified in the CADP (available at www.cces.ca), except as modified by CIS Policy (available at www.cis-sic.ca).

COLLECTION, USE AND DISCLOSURE OF INFORMATION:

In consideration of being permitted to participate in Canadian Interuniversity Sport, student-athletes allow CIS to:

- disclose their personal information, including telephone number(s) and address(es), to the Canadian Centre for Ethics in Sport for its use in the conduct of the CIS Doping Control Program;
- use and disclose the information on the Athlete Registration Form and the Eligibility Certificate as well as their photograph and information about their athletic performances for promotional purposes which, as defined by the CIS Board of Directors, are in the best interest of the student-athlete or in the best interest of the public.

As part of its developmental and promotional partnerships with professional and national sport organizations, CIS will also disclose from time to time, telephone numbers and addresses only of current CIS student-athletes to such other organizations involved in the recruitment and drafting of athletes.

Subject to the following paragraph, I understand that by providing the personal information requested in the Student-Athlete Registration Form and the Eligibility Certificate (hereinafter "my Personal Information") I am consenting to such information being used and disclosed in the manner provided for above. I also understand that CIS is responsible only for information that is in its custody or control and that any information collected, used or disclosed by or under the control of a member of CIS or any other organization is subject to the privacy practices and procedures of that member or organization, as the case may be.

By checking this box , I do not wish my Personal Information to be disclosed for the purposes listed above or for the purposes described in CIS' Personal Information Protection Policy (Policy 80.30), except for the purpose of administering the Canadian Interuniversity Sport Doping Control Program and the Athletic Financial Awards auditing system. By doing so however, I recognize that CIS may not be able to provide me or continue to provide me with some products, services or information which may be of value to me.

ATHLETE ACKNOWLEDGEMENT and CONSENT:

By signing this form, I acknowledge that I have been informed of my obligation to read, understand and abide by Canadian Interuniversity Sport Eligibility, Athletic Financial Awards, and Doping Control Regulations and Policies. I also acknowledge having read CIS' Personal Information Protection Policy and understand the contents thereof.

CONSENT:

I confirm that my signature hereto shall constitute my consent to provide, if requested, financial records in accordance with the CIS Athletic Financial Awards Auditing system.

I further confirm that my signature hereto shall constitute my consent to participate in doping control in accordance with CIS Anti-Doping Policy for a period of 18 months as of the date of signing.

Signature _____

Print Name _____

Date _____



Student-Athlete Registration Form

Form: 40.30.3.2.3
2014-2015

Student Number							
Last Name						Initial(s)	
First Name							
						Ht.	Wt.
Gender	M	F	Date of Birth				Are you a Canadian citizen or otherwise have permanent resident status in Canada?
				mth	day	year	

LOCAL ADDRESS							
Street							
City					Province		
Postal Code					Country		
Phone				e-mail			

PERMANENT ADDRESS							
Street							
City					Province		
Postal Code					Country		
Phone				e-mail			
Hometown							

Academic Year: 2014-2015	University						
Course					Year of Study (1-5)		
Sport					Academic Year of high school / CEGEP graduation:		

Please indicate all previous post-secondary institutions you have attended and in what years (inclusive of CEGEP, college, etc):

Please indicate if you are presently under suspension from any sport organization or league:

Please indicate all previous teams and leagues that you have participated with, and in what years:

Total Number of Years of Eligibility (or equivalent) Used Previously:	0	1	2	3	4
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* The information collected in this form is used and disclosed by Canadian Interuniversity Sport ("CIS") in accordance with the terms of CIS' Student Athlete Acknowledgement Form and CIS' Personal Information Protection Policy. For further information about CIS' collection, use and disclosure of personal information, see our Personal Information Protection Policy at www.cis-sic.ca