

# *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 1<sup>st</sup> 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**

## **1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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

\_\_\_\_\_  
Date

(Required if athlete is under 19 yrs old)



# Returning Athlete Medical Questionnaire



Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Eligibility yr: \_\_\_\_\_ D.O.B \_\_\_\_\_

Health Card #: \_\_\_\_\_ Province: \_\_\_\_\_ Student #: \_\_\_\_\_

Extended Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Local Address: \_\_\_\_\_  
 Street City Prov Postal Code

Local phone #: \_\_\_\_\_; \_\_\_\_\_ E-mail: \_\_\_\_\_

Changes to Permanent Address: \_\_\_\_\_  
 Street City Prov Postal Code

### Emergency Contact Info:

Emergency Contact Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #'s: \_\_\_\_\_

### Follow up Health Review:

- Has there been any significant change in your health over the past 12 months? *If "yes", please provide details:* \_\_\_\_\_
- In the past 12 months have you had surgery, a serious physical injury, serious illness, or been hospitalized? *If "yes", please provide details including dates & procedure:* \_\_\_\_\_
- In the past 12 months, have you sustained a concussion? *If "yes" please provide details (ie. When, did you see a physician, total # you have now had, how long you were out of activity, etc.)* \_\_\_\_\_
- Have you experienced chest pain or dizziness during or after exercise within the past 12 months? *If "yes" please provide details:* \_\_\_\_\_
- Do you have any medical conditions (e.g. asthma, diabetes, heart disease, etc.)? \_\_\_\_\_
- Are you currently rehabilitating/dealing with any physical, sport related injury? \_\_\_\_\_
- Have you experienced any new allergic reactions within the past 12 months? \_\_\_\_\_
- Has there been any change in your vision or dental history? *If "yes" please provide details:* \_\_\_\_\_
- List all medications OR supplements/vitamins presently taking: \_\_\_\_\_
- List any vaccinations you have received in the last 12 months: \_\_\_\_\_
- Was your Tetanus vaccination longer than 10 yrs ago? \_\_\_\_\_

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.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
(Required if athlete is under 19 years old)

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
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 no 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*





# 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?			
				month	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
---	---	---	---	---	---

*\* 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](http://www.cis-sic.ca)*