

CONSENT AGREEMENT
UMBC Sports Medicine 1000 Hilltop Circle Baltimore, MD 21250

NAME _____ (print/type) Sport: _____

PART 1

The undersigned herewith,

- A. Understands that he or she must refrain from practice or play while ill or injured, whether or not receiving medical treatment, and during medical treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.
- B. Understands that having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the examiner did not find medical reason to disqualify him or her at the time of said examination.
- C. Certifies that the answers to the questions above are correct and true.
- D. Consents that information concerning athletic injuries or medical conditions affecting athletic participation can be shared between the physician, athletic trainer, and the coach on a need to know basis.

PART 2 : CONSENT TO TREAT

The applicant student and parent/guardian, if the student is a minor, must read carefully and sign.

Permission is hereby granted by the undersigned to the University of Maryland Baltimore County to proceed with any needed medical or minor surgical treatment, X-ray examination, and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician, healthcare provider, or UMBC Sports Medicine personnel, to contact my parent/guardian in the most expeditious manner possible. If said health care personnel is unable to communicate with me, the treatment necessary for the best interest of the above named student may be given.

PART 3 : CONSENT TO TRANSPORT

The applicant student and parent/guardian, if the student is a minor, must read carefully and sign.

Permission is hereby granted by the undersigned to the University of Maryland Baltimore County to proceed with any needed medical or minor transportation for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician, healthcare provider, or UMBC Sports Medicine personnel, to transport the above named student in the most expeditious and effective manner possible.

PART 4 : INFORMED CONSENT FORM

The applicant student and parent/guardian, if the student is a minor, must read carefully and sign.

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or participating to play/participate in the above sport include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular system, as well as serious injury or impairment to other aspects of my body, general health, and well being. I understand that the dangers and risks of playing or practicing to play/participate in the above mentioned sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally enjoy life.

Because of the dangers of participating in sports, I recognize the importance of following coach's instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

Signature of Student _____ Date _____ Birthdate _____

Signature of Parent/Guardian _____ Date _____

Required for athletes **under the age of 18**

Completed only if the sport you may be participating in is **lacrosse, baseball, softball, or swimming & diving**. I specifically acknowledge that that participating in the sport of _____ may expose me to VIOLENT CONTACT involving even greater risk of injury than other sports. _____(initial)

*Please note, to be considered legal this consent form must be legibly completed, SIGNED and DATED. This form is to be kept as part of the Sports Medicine record for **seven years**.*

Last updated 5/26/09