

SECTION 7 – ACKNOWLEDGEMENT STATEMENT

STUDENT-ATHLETE ACKNOWLEDGEMENT STATEMENT

By signing below I acknowledge that I have received a copy of the Navajo Technical University student-Athlete Handbook and reviewed the information contained within the Navajo Technical University Student-Athlete Handbook. I understand the contents of the Student-Athlete Handbook and realize that I am subject to disciplinary measures should I violate them. I agree to participate and conduct myself in accordance with the rules of the Navajo Technical University Athletic Department and any other specific rules of Navajo Technical University or the coaches.

I acknowledge that while a student-athlete at Navajo Technical University my photo may be taken. I understand that the Navajo Technical University Athletic Department reserves the right to co-ownership of those photos with the photographer and to use the photos for departmental, promotional and resale purposes. By signing below I consent my photos to be used for departmental, promotional and resale purposes.

I understand that failure to sign and return this form to my Head Coach will result in my being declared temporarily ineligible for practice or competition.

Print Name:

Your Sport:

Signature:

Date:

Acknowledgement:

Athletic Director/Coach

Sports Physical Form

Name: _____ Gender: M F Date of Birth: ___/___/___ Father's Name:
 _____ Daytime phone, pager, cell phone: _____ Mother's Name:
 _____ Daytime, phone, pager, cell phone: _____ Street address:
 _____ City:
 _____ State: _____ Zip Code: _____ Home phone: _____ Alternate
 Emergency Contact Person: _____ Daytime phone: _____ Please indicate
 MEDICAL ALERTS such as allergic reactions, contact lenses, etc.:

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

- | | |
|--|-------------------|
| 1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50? | YES NO Don't Know |
| 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? | YES NO Don't Know |
| 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? | YES NO Don't Know |
| 4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? | YES NO Don't Know |
| 5. Does the athlete have a history of concussion (getting knocked out)? | YES NO Don't Know |
| 6. Has the athlete ever suffered a heat-related illness (heat stroke)? | YES NO Don't Know |
| 7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem? | YES NO Don't Know |
| 8. Does the athlete take any medication(s)? | YES NO Don't Know |
| 9. Is the athlete allergic to any medications or bee stings? | YES NO Don't Know |
| 10. Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries) | YES NO Don't Know |
| 11. Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition? | YES NO Don't Know |
| 12. Has the athlete had surgery or been hospitalized in the past year? | YES NO Don't Know |
| 13. Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? | YES NO Don't Know |
| 14. Are you, the athlete, worried about any problem or condition at this time? | YES NO Don't Know |

Please give details on any "YES" answer from the above health history.

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Vision: R _____ / _____ uncorrected R _____ / _____ corrected L _____ / _____ uncorrected L _____ / _____ corrected

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Muskuloskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/ hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			

Please Print/ Stamp

Physician's Name _____ Street
 Address _____ City, State,
 Zip Code _____ Telephone

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature _____ Date _____

PARTICIPATION RESTRICTIONS: _____

EMERGENCY CONTACT AND PROOF OF INSURANCE

By filling out and signing this form, the parent(s)/guardian(s) are stating that the student athlete is covered by insurance. **REMINDER:** All student athletes must be covered by insurance before they can plan or practice in a university sponsored sport.

Student Name: _____ Date of Birth: _____

Male: ____ Female: ____ Social Security # ____-____-____ Phone: _____

Home Address: _____ City: _____ Zip: _____

Father/Guardian's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Primary Health Insurance Company: _____

Name of Policy Holder: _____

Employer's Name: _____ Group ID# _____

Policy ID#: _____ Coverage under ____ Self ____ Parent/Guardian

If the student is insured under more than one policy, provide the additional information on the bottom or back of this form.

Date: _____ Student-Athlete Signature: _____

Date: _____ Parent Signature: _____

Emergency Contact Information

Contact #1: Name _____ Relation _____

Address _____ Home Phone _____

Work Phone _____ Cellular Phone _____

Contact #2: Name _____ Relation _____

Address _____ Home Phone _____

Work Phone _____ Cellular Phone _____

NAVAJO TECHNICAL UNIVERSITY

STUDENT-ATHLETE TRAVEL RELEASE FORM

All individuals are expected to travel to and from competition with their team, unless they have completed this form and provided it to their coach prior to the event. Student-athletes traveling to and from University funded and/or sponsored events must travel with their team or be accompanied by a coach or staff member. The only exception to this policy is if the student-athlete is traveling with a parent or legal guardian. Any alternate travel must be approved using this form. Student-athletes in violation of this policy will be subject to disciplinary action.

PERSONAL INFORMATION

Student Name:	Student ID Number:
Home Phone:	Cell Phone:
Sport(s) You Play:	Coaches Name:

RELEASE REQUEST

Date of Event:	Means of Travel:
Name of Parent/Legal Guardian:	

Signature (s)

Student:	Date:
Coach/Staff:	Date:

NATIONAL INTERCOLLEGIATE **RODEO ASSOCIATION**

2014 - 2015 Certificate of Clearance

In accordance with the Family Educational Rights and Privacy Act, I the undersigned, hereby authorize the Faculty Athletics Representative, Athletics Director, and Registrar of the institution I am attending to release any and all information about me which pertains to my eligibility to participate in intercollegiate athletics. The release of such information shall be restricted to any and all official representative of NIRA, only for the purpose of determining my eligibility for intercollegiate athletics. It is further understood that I may receive copies of such material from the institution upon request.

The above statement is applicable for the sport of RODEO for the academic year, 2014/2015.

This form is to be completed in duplicate. The white copy is to be sent by mail or fax to the National Intercollegiate Rodeo Association, with the yellow copy to be retained by the institution.

Print or Type Student's Name _____

Signature of Student _____ Date _____

College or University _____

Social Security Number _____ Date of Birth _____

BIG SKY

- Blackfeet Community College
- Dawson Community College
- Little Big Horn College
- Miles Community College
- Montana State University
- Montana State University, Northern
- Northwest College
- University of Great Falls
- University of Montana
- University of Montana, Western

GRAND CANYON

- Adams State College
- Central Arizona College
- Cochise College
- Dine College
- Mesalands Community College
- Navajo Technical College
- New Mexico Highlands University
- New Mexico State University
- Northland Pioneer College
- University of Arizona

ROCKY MOUNTAIN

- College of Southern Idaho
- Colorado Mesa University
- Colorado Northwestern Community College
- Dixie State College or Utah
- Idaho State University
- Snow College
- Southern Utah University
- Utah State University
- Utah Valley University
- Weber State University

CENTRAL PLAINS

- Bacone College
- Coffeyville Community College
- Colby Community College
- Connors State College
- Dodge City Community College
- Fort Hays State University
- Fort Scott Community College
- Garden City Community College
- Kansas State University
- Northeastern Oklahoma A&M College
- Northwest Kansas Technical
- Northwestern Oklahoma State University
- Oklahoma State University
- Panhandle State University
- Pratt Community College
- Southeastern Oklahoma State University
- Southwestern Oklahoma State University
- Western Oklahoma State College

GREAT PLAINS

- Black Hills State University
- Dickinson State University
- Hastings College
- Iowa Central Community College
- Iowa State University
- Mid-Plains Community College
- Mitchell Technical Institute
- Nebraska College of Technical Agriculture
- North Dakota State University
- South Dakota State University
- University of Nebraska-Lincoln
- University of Wisconsin River Falls

SOUTHERN

- Hill College
- McNeese State University
- Northeast Texas Community College
- Panola Junior College
- Sam Houston State University
- Southwest Texas Junior College
- Stephen F. Austin State University
- Texas A&M University
- Texas A&M University Commerce
- Texas A&M University Kingsville
- Trinity Valley Community College
- Wharton County Junior College

NORTHWEST

- Blue Mountain Community College
- Boise State University
- Central Oregon Community College
- Central Washington University
- Eastern Oregon University
- Eastern Washington University
- Treasure Valley Community College
- Walla Walla Community College

SOUTHWEST

- Clarendon College
- Eastern New Mexico University
- Frank Phillips College
- Howard County Junior College
- New Mexico Junior College
- Odessa College
- Ranger College
- South Plains College
- Sul Ross State University
- Tarleton State University
- Texas Technical University - Lubbock
- Vernon College
- Weatherford College
- West Texas A&M University
- Western Texas College

CENTRAL ROCKY MOUNTAIN

- Casper College
- Central Wyoming College
- Chadron State College
- Colorado State University
- Eastern Wyoming College
- Gillette College
- Lamar Community College
- Laramie County Community College
- Northeastern Junior College
- Otero Junior College
- Sheridan College
- United States Air Force Academy
- University of Wyoming

OZARK

- Cossatot Community College
- East Mississippi Community College
- Michigan State University
- Missouri Valley College
- Murray State University
- North Carolina State University
- Northwest Mississippi Community College
- Southern Arkansas University
- Three Rivers College
- Troy State University
- University of Arkansas-Monticello
- University of Tennessee-Martin
- University of West Alabama

WEST COAST

- California State University - Fresno
- Cal Poly State University - Pomona
- Cal Poly State University - San Luis Obispo
- Feather River College
- Lassen College
- University of Nevada - Las Vegas
- West Hills College

If the college you are currently attending is **NOT** listed above, was not a member school in 2013/2014, or is not a member school for the year 2014/2015, this document **MUST** be signed and sealed by the college President or Dean of Students.

_____ hereby certifies _____

College / University *Student's Name*

as a current student and grants permission that he be identified as a student of _____
when participating at any NIRA sanctioned rodeos during the 2014-2015 year.

Signature SCHOOL SEAL

Title

Date

REVISED 6/14

