



NORTH AMERICAN
UNIVERSITY
INSPIRATION INNOVATION GLOBAL COMPETENCE



Club Sports Forms Packet

Liability Release Form

General Information Form

Insurance Information Form

Physical Evaluation Form



Liability Release For Participating Student Athletes

In consideration of the use of Harmony School of Advancement gymnasium, and participation in sport related activities under jurisdiction of North American University, the undersigned agrees to the following:

- 1. Risk factors:** I acknowledge and understand that the use of facilities, equipment, and services provided by North American University and Harmony School for physical sports, may involve risks. Such as the following; **Risk of property damage, bodily injury and possible death.** All of which might result from the use of facilities or equipment, from the activity itself, from the acts of others or from the unavailability of emergency or emergency medical care.
- 2. Assumption of risk:** I undertake all risks that may arise out of the use of the equipment or facilities, the activity itself, the act of others or the unavailability of emergency care, including but not limited to those risk factors described.
- 3. Acknowledgement of policies and procedures:** I acknowledge reading and knowing all of the policies and procedures relating to the North American University Emergency Response guide and will follow directions accordingly if an emergency is to arise.
- 4. Prerequisite skills and training:** I acknowledge that I will receive training and prerequisite skills that are involved in the physical activity that I am participating in. When my coach, director, or teacher has given me the proper training is when I am allowed to partake fully in the physical activity. Until then I will not defy and will undergo the training my coach, director, or teacher lets me partake in.
- 5. Release:** I release the State of Texas, the North American University Advisory Board, North American University, Harmony Schools, Harmony Schools and North American University organizations, the officers, employees and agents of each and agree NOT TO SUE them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising, out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.
- 6. Waiver:** I waive the protection afforded by any statute or law in any jurisdiction. This means, in part, that I am releasing unknown future claims.
- 7. Indemnify and defend:** I agree to insure and defend the State of Texas, the North American University Advisory Board, North American University, Harmony Schools, Houston, Harmony Schools and North American University's organizations, the officers, employees and agents of each against and hold them harmless from any or all claims, causes of action, damage judgments, costs or expenses, including attorney fees which in any way arises from the activity or this agreement which include but not limited to the following stated above and below.



8. **Pay:** I agree to pay for any or all damages to any property or insurances caused by I (myself) either negligently, willfully or otherwise.
9. **Representatives:** I enter into this agreement for myself, my heirs, assigns and legal representatives.
10. **Emergency treatment consent:** I, as a participant in the physical activity, hereby consents to such treatment.
11. **Insurance:** I understand that the college and its auxiliaries do not carry participant insurance. I am encouraged to have a physical examination and to purchase health insurance prior to any and all participation.
12. **Acknowledgement:** I have read and understand this agreement and realize it relates to surrendering valuable legal rights and does so freely.

(Print)

(Signature)

Emergency Contact Information:

Name: _____

Phone number: _____

Email Address: _____

Relation: _____



Student Athlete General Information

Athlete's Name: _____

Sport: _____ Age: _____ Date of Birth: _____

Social Security Number: _____

Athlete's Direct Phone #: _____

Athlete's Second Phone #: _____

College Address: _____

Current Address: _____

City: _____ Zip Code: _____ State: _____

Email Address: _____

Emergency Contact Name: _____

Phone #: _____ Relation: _____

Father/ Guardian Name: _____

Phone #: _____

Email Address: _____

Address: _____

City: _____ Zip Code: _____ State: _____

Father's Employer: _____

Employer's #: _____

Employer's Address: _____

City: _____ Zip Code: _____ State: _____

Mother/ Guardian Name: _____

Phone #: _____

Email Address: _____

Address: _____

City: _____ Zip Code: _____ State: _____

Mother's Employer: _____

Employer's #: _____

Employer's Address: _____

City: _____ Zip Code: _____ State: _____

Student Athlete (Print) _____ Date

Student Athlete (Signature or if under the age of 18, Guardian Signs) _____ Date



Student Athlete Insurance Information

Please include copies of insurance and prescription cards.

Student Athlete Name: _____
Sport: _____ Birthdate: _____ Gender: _____
Social Security #: _____ Home Phone #: _____
Cell Phone #: _____ Work Phone #: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Current Address: _____
City: _____ State: _____ Zip Code: _____
Employer Name: _____
Employer's #: _____
Employer's Address: _____
City: _____ State: _____ Zip Code: _____
Insurance Company: _____
Insurance Phone #: _____
Group Policy #: _____ Certificate #: _____
Insurance Address: _____
City: _____ State: _____ Zip Code: _____
Are you covered under your employer's insurance? Circle: Yes No

Father/ Guardian Name: _____ **Social Security #:** _____
Home address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Work #: _____ Cell #: _____
Father's Employer Name: _____
Employer's #: _____
Employer's Address: _____
City: _____ State: _____ Zip Code: _____
Insurance Company: _____
Insurance Phone #: _____
Group Policy #: _____ Certificate #: _____
Insurance Address: _____
City: _____ State: _____ Zip Code: _____
Is your daughter/son covered by the above policy? Circle: Yes No



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Mother/ Guardian Name: _____ **Social Security #:** _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Mother's Employer Name: _____

Employer's #: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Company: _____

Insurance Phone #: _____

Group Policy #: _____ Certificate #: _____

Insurance Address: _____

City: _____ State: _____ Zip Code: _____

Is your daughter/son covered by the above policy? Circle: Yes No



Pre- Participation Physical Evaluation Participating Sports Athletes

Student's Name: _____ Age: _____ Gender: _____ D.O.B.: _____
 Height: _____ Weight: _____ Percent of body fat (optional): _____
 Pulse: _____ Blood Pressure: _____
 Vision: R 20/ _____ L 20/ _____ Corrected: Yes No Pupils: Equal Unequal

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/ Throat			
Lymph Nodes			
Heart- Auscultation of the heart in the supine or sitting position			
Heart- Auscultation of the heart in the standing position			
Pulse			
Lungs			
Skin			
Abdomen			
Genitalia (males only)			
Musculoskeletal	Normal	Abnormal Findings	Initials
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/ Thigh			
Knee			
Leg/Ankle			
Foot			

Cleared **Cleared after completing evaluation/ rehabilitation** **Not Cleared**

Notes: _____

The following information must be completed and signed by either a physician's assistant licensed by a State Board of Physician Assistant Examiners, or a registered nurse recognized as an advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other healthcare practitioner will not be accepted.

Physician Name: _____ Date of Examination: _____
 Full Address: _____
 Phone #: _____ Physicians Signature: _____