

MINOR CONSENT AGREEMENT

NAME _____ (Print) Sport/(s) _____

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 Contra Costa Community College to proceed with any and all needed medical care including, but not limited to, minor surgical treatment, routine healthcare, athletic training room treatment, on/off field evaluation/treatment, consultation, first aid/CPR, X-ray examination, rehabilitation, and immunizations for the above named student while on campus and/or while participating in away games/events/activities. 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 Athletic Trainer, Contra Costa College Sports Medicine personnel, attending/visiting/host team physician, healthcare provider, and/or (when traveling to events/games) host team Athletic trainer 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.

INFORMED CONSENT FORM

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/s 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 participation in sports, I recognize the importance of following coach's instructions regarding playing techniques, training and other team rules/regulations, the Athletic Trainer's Medical Advice etc., and to agree to obey such instructions.

By signing my name below, I certify that I have read the above information. Any questions concerning these policies have been discussed. My signature also certifies my understanding and agreement with the statements above.

Signature of Student _____ Date _____ Birthdate _____

Signature of Parent or Guardian _____ Date _____

Printed Name of Parent or Guardian _____