

# MIDDLEBURY COLLEGE NCAA ANNUAL HEALTH UPDATE AND PARTICIPATION STATEMENT 2025-2026

The National Collegiate Athletic Association's policies recommend that all student-athletes have a qualifying medical evaluation upon initial entrance (first year) into an institution's intercollegiate athletic program, and an annual "health-status" review. Middlebury College supports this NCAA policy. The following questionnaire should be completed by you and the medical evaluator in connection with the annual review. While you are participating in intercollegiate athletics at Middlebury College, you must inform your coaches or the sports medicine department at Middlebury College if there are any changes in the information after it has been provided. Further medical evaluations may be required where deemed appropriate. The information recorded on this questionnaire will only be used in connection with Middlebury College athletic program and will be treated like other medical information under Middlebury College Policy on Confidentiality of Student-Athlete Medical Information.

	Yes	No	If yes, please explain here
Have you been seriously injured while participating in athletics in the past 5 years?			
If you answered yes, please give date, description and symptoms along with any treatment you received.			
Have you ever been advised, by a medical professional, not to participate in contact athletics?			
Have you ever been operated on for an athletic-related injury?			
Have you ever had a fracture or dislocation?			
Have you ever had a concussion or been unconscious for more than 1 minute or lost memory from a head injury?			
Have you ever had a knee, ankle or shoulder injury that prevented you from sports participation for two weeks or more?			
Do you take any kind of medicine regularly?			
Have you ever fainted or "blacked out" during hard exercise?			
Do you have any drug allergies?			
Do you have any seasonal or environmental allergies?			
Do you ever have wheezing or difficulty breathing while exercising or after exercising?			
Have you ever had a neck injury or "stinger" (tingling sensation on one or both arms after being hit in the head or neck)?			
Have you ever been told you need orthotics (arch supports)?			
Have you ever been told you have high blood pressure?			
Do you have any known heart or lung problems?			
Do you wear contacts or glasses while participating in athletics?			
Have you ever had an eating disorder?			
Have you ever been diagnosed with anemia?			
If you answered yes, please explain			
How many menstrual periods have you had in the past 12 months?			

## GENERAL RELEASE AND COVENANT NOT TO SUE

This is a release of your legal rights. Review this section carefully and make sure you understand it before signing. Please keep a copy for your records

I desire to participate in activities associated with a Middlebury College athletic team, which includes but is not limited to training, trying out, practicing, playing, and traveling. I understand, fully appreciate, and am willing to accept the dangers, hazards, and risks inherent in these activities including, but not limited to, the possibility of injury or illness, including serious physical injury, mental trauma, paralysis, or death.

I understand that I am not required to participate in these activities and that my participation is wholly voluntary. I hereby agree to abide by all rules and instructions governing my participation in these activities. I hereby affirm that I have no health-related conditions that preclude or restrict my participation in these activities, and I agree that, if any such conditions develop, I will inform Middlebury College about them. I also affirm that I have adequate health insurance to provide and pay for any medical costs incurred as a result of my participation in these activities.

I am not relying on Middlebury College to supervise or control my participation in these activities, or to warn me of every possible danger associated with it. I understand I am solely responsible for assessing my own skills and abilities to participate safely in these activities. Knowing the dangers, hazards and risks and in consideration for being allowed to participate, on behalf of myself, my family, estate, heirs, executors, administrators and assigns, I hereby accept all dangers, hazards and risks that may result from my participation in activities associated with Middlebury College's athletic teams and I hereby release Middlebury College, its employees and agents from any and all claims, suits and expenses for any illness or injury to me, including my death, that may result from or occur during my participation in these activities, whether caused by the negligence of Middlebury College, its employees or agents, fellow athletes, or otherwise, to the fullest extent allowed by law.

I further agree to indemnify and hold harmless Middlebury College, its employees, and agents, from all liability, claims, suits, and expenses that may arise out of my own negligent or intentional acts or omissions, while participating in activities associated with a Middlebury College athletic team, and I assume full responsibility for my own actions.

***I HAVE CAREFULLY REVIEWED THIS "GENERAL RELEASE AND COVENANT NOT TO SUE" STATEMENTS AND HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AND CONDITION OF MY PARTICIPATION IN THE ABOVE ACTIVITIES. INITIAL HERE: \_\_\_\_\_***

## MEDICAL CONSENT

I hereby grant permission to physicians, athletic trainers, and/or other medical practitioners or professionals associated, assisting, or employed in connection with Middlebury College athletic programs or student-athletes, to render to me any preventive, emergency, surgical or rehabilitative medical treatment or care deemed reasonable and necessary for my health and well-being, and to arrange for my hospitalization where reasonable and necessary, in circumstances connected with my participation in activities associated with a Middlebury College athletic team. I understand and hereby acknowledge that this consent is not intended to, and does not, create a duty on the part of physicians, athletic trainers, and/or other medical practitioners or professionals associated, assisting, or employed in connection with Middlebury College athletic programs or student-athletes, to render or arrange for such treatment or care.

***I HAVE CAREFULLY REVIEWED THIS "MEDICAL CONSENT" STATEMENT AND HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS OF MY PARTICIPATION IN THE ABOVE ACTIVITIES. INITIAL HERE: \_\_\_\_\_***

I \_\_\_ AM \_\_\_ AM NOT 18 YEARS OF AGE OR OLDER. (Please check as appropriate.)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_

(If student is under the age of 18 years old, this must be signed by student's parent or legal guardian.)

## AUTHORIZATION OF RELEASE OF MEDICAL INFORMATION

TO: Any health or physical care provider or practitioner.

**THIS WILL AUTHORIZE YOU TO RELEASE**, to coaches, athletic trainers or other individuals employed by or associated or assisting with Middlebury College athletic programs or student-athletes, any and all records, documents, or information you may have regarding my medical, physical or psychological condition, for the purpose of informing such individual(s) regarding such condition(s), as they pertain to the safety and eligibility as a student athlete.

I understand that this Release Authorization is effective for a year including and following the date of execution and understand that I may revoke this Release of Authorization by means of a written statement submitted to Sports Medicine at Middlebury College, except to the extent that action has already been taken based upon this Release of Authorization.

I also understand that disclosure of my health information may result in the information being subject to further disclosure because its use and disclosure may no longer be protected by applicable laws and regulations when shared with those who are not healthcare providers.

*A photocopy of this Release Authorization will be deemed to have the same force and effect as the original.*

I have carefully reviewed this "Authorization of Release of Personal Health-Information" and hereby confirm my understanding of its contents and agree to be bound by its terms and condition of my participation in the above activities.

**Initials:** \_\_\_\_\_

### **SICKLE CELL EDUCATION**

**SICKLE CELL TRAIT** is not a disease. Sickle Cell Trait is the inheritance of one gene for sickle hemoglobin. Sickle Cell Trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time. During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon, or "sickle." Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles. During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died. Heat, dehydration, altitude, asthma can increase the risk for worsening complications associated with sickle cell trait, even when exercise is not intense.

**PEOPLE AT HIGH RISK** for having sickle cell trait and those whose ancestors come from Africa, South or Central America, India, Saudi Arabia, Caribbean and Mediterranean countries. Sickle cell trait occurs in about 8 percent of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population. Most U.S. states test at birth, but most athletes with sickle cell trait don't know they have it.

**KNOWLEDGE OF SICKLE CELL TRAIT** status can be a gateway to education and simple precautions that may prevent collapse among athletes with sickle cell trait, allowing you to thrive in your sports. Precautions include but are not limited to engaging in a slow and gradual preseason conditioning regimen, building your intensity slowly while training, setting your own pace with adequate rest and recovery between repetitions, and avoiding pushing with all-out exertion longer than two to three minutes without a rest interval or breather.

**IF YOU EXPERIENCE** symptoms such as muscle pain, abnormal weakness, undue fatigue or breathlessness, stop the activity **IMMEDIATELY** and notify your athletic trainer and/or coach. Refrain from extreme exercise during acute illness, if feeling ill, or while experiencing a fever. **SEEK PROMPT MEDICAL CARE WHEN EXPERIENCING UNUSUAL PHYSICAL DISTRESS.**

I hereby acknowledge that I have reviewed the NCAA Sickle Cell Test Policy effective August 1, 2022, stating that I am required to have been or be tested for sickle cell trait and that if I have been found to have the sickle cell trait or disease, and this may lead to an increased risk of injury or death related to athletic activities. **Initials:** \_\_\_\_\_

By initialing each statement where indicated and submitting this document, the user of this form certifies that I:

Understand that I must inform my coaches or representatives of Sports Medicine at Middlebury College of any changes in my medical condition that might affect my practice or play, including signs and symptoms of concussion, and I agree to refrain from

practice or play while ill or injured, whether or not receiving medical treatment or given permission by a clinical practitioner to restart participation despite continuing treatment. **Initials:** \_\_\_\_\_

Understand that successful completion of a physical examination or receiving such permission does not necessarily mean that I am physically qualified to safely engage in athletics and understand that such examinations are not intended to certify or otherwise render an opinion, as to my health, medical condition or potential for safe participation in Middlebury College athletic activities. **Initials:** \_\_\_\_\_

I hereby authorize any Insurance Company, Organization, Employer, Hospital, Physician, Surgeon, or Pharmacist to release any information requested with respect to any and all insurance claims filed on my behalf. It is unlawful to knowingly provide false, incomplete, or misleading facts or information regarding a claim for the purpose of defrauding or attempting to defraud to receive benefits. I understand that penalties may include imprisonment, fines, denial, or benefits and/or civil damages. For my protection, California law requires the following appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Initials:** \_\_\_\_\_

I certify that the answers to the questions above are correct and true and agree to update my coaches or Sports Medicine at Middlebury College if there is any change in the answers to questions above while I participate in intercollegiate athletics at Middlebury College. **Initials:** \_\_\_\_\_

I hereby certify that I have been notified, understand and I am in full compliance with all NCAA rules involving use of banned substances, including medications prescribed for ADHD, polypeptides (HGH), and anabolic steroids. **Initials:** \_\_\_\_\_

I agree to provide medical documentation to the College Health Services regarding my use of any NCAA-banned substances, where this use is deemed medically necessary by my providers, in accordance with NCAA rules. **Initials:** \_\_\_\_\_

Under the NCAA's medical exemptions procedure, I certify that I have had a medical examination conducted by a physician within six months of my initial participation in intercollegiate sports. **Initials:** \_\_\_\_\_

**I UNDERSTAND AND ACKNOWLEDGE THAT IF ANY PROVISIONS OF THIS DOCUMENT ARE DEEMED TO BE INVALID AND/OR UNENFORCEABLE, ALL OTHER PROVISIONS SHALL NONETHELESS SEPARATELY REMAIN IN FULL FORCE AND EFFECT.**

**Initials:** \_\_\_\_\_

I am indicating my affirmation and agreement to the foregoing statements and my agreement to create and sign this Agreement which will be stored electronically under the 9 V.S.A. § 271. **Initials:** \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_

(If student is under the age of 18 years old, this must be signed by student's parent or legal guardian.)

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*For Middlebury College Use only:*

*Reviewed by Athletic Trainer:* \_\_\_\_\_ *Date & Time:* \_\_\_\_\_