ASSOCIATED STUDENTS | SPORT CLUBS

New Participants

Congratulations on becoming a part of the Sport Clubs Program at California State University, Northridge. At Sport Clubs your health and welfare is extremely important to us. To ensure our participants receive extensive health coverage, the CSUN Sport Clubs program has a dedicated Sport Clubs Athletic Training Center which specializes in injury prevention, injury evaluation, and rehabilitation. These services are made available to all Sport Clubs participants and coverage extends throughout participation in the Sport Clubs Program. We also work closely with the Klotz Student Health Center (SHC) to meet your healthcare needs. Due to the known risk of injury associated with athletic activity, we highly encourage you to have personal insurance that will cover you in the event of an injury. Having personal insurance is not a requirement of participation.

Listed below are the instructions for attaining medical clearance for Sport Clubs participation and access to the health services offered by the Sport Clubs Athletic Training Center. Requirements are designated by sport depending upon injury risk level. You are only required to complete the requirements for your sport. Please pay attention to submission deadlines. If you have any questions regarding our services or participant requirements, feel free to call the Sport Clubs Athletic Training Center at (818) 677-7008.

Requirements Designated by Sport

Requirements	Sports	
Register for Do Sports Easy **New Participant Paperwork**	❖ Archery ❖ Ballroom ❖ Climbing ❖ Fasmode	❖ Hip Hop ❖ Salsa Libre ❖ Table Tennis
Register for Do Sports Easy **New Participant Paperwork** **Physical / EKG**	❖ Dance ❖ Tennis ❖ Triathlon	
Register for Do Sports Easy **New Participant Paperwork** **Physical / EKG** **Baseline Concussion Test**	❖ Baseball ❖ Boxing ❖ Brazilian Jiu Jitsu ❖ Cheer ❖ Ice Hockey ❖ M/W Basketball ❖ W Lacrosse	❖ M/W Rugby ❖ M/W Soccer ❖ M/W Volleyball ❖ Water Polo ❖ M/W Wrestling ❖ Weightlifting

Requirement Instructions

Register for Do Sports Easy

New Participants are required to create a Do Sports Easy account for their designated sport. To create an account, visit the link provided and follow the on screen instructions: https://csun.dserec.com/

Submit New Participant Forms

New participant forms may be typed or handwritten. Handwritten forms must be neat and legible. The completed paperwork needs to be submitted to the Sport Clubs Athletic Training Center along with a copy of ID.

Complete Baseline Concussion Test

All high risk Sport Clubs participants are required to complete a baseline concussion test prior to receiving medical clearance. The test is used to identify concussion symptoms and is a tool in determining eligibility for return to play. The test is 20-30 minutes in duration and is conducted in the Sport Clubs Athletic Training Center. Concussion Testing is provided on a walk-in basis during office hours and can be completed at the time of paperwork submission.

Complete Physical / EKG

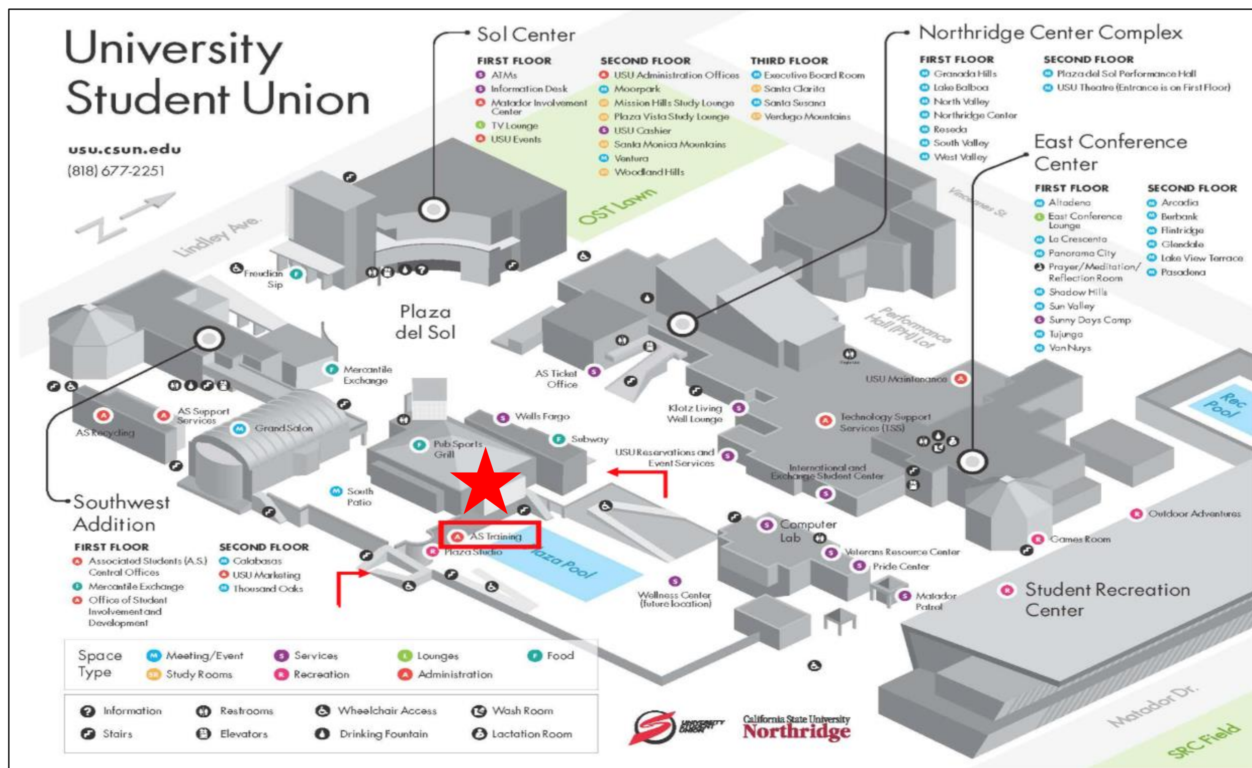
All high risk Sport Clubs participants are required to complete a physical exam and EKG prior to receiving medical clearance. Participants can fulfill their physical exam and EKG requirements by attending one of the mass-physical events conducted in the Klotz Student Health Center on select Fridays during the semester. Appointments for the mass-physical events can be made in the Sport Clubs Athletic Training center at the time of New Participant Forms submission. The fee for a physical offered at the Student Health Center is $25.

Participants may also fulfill these requirements by receiving a physical and EKG by their own physician or at an urgent care facility. If the participant opts to use their own physician or urgent care facility to fulfill these requirements the participant must present the attached Participant Physical Form to the physician for completion. In addition, a copy of the EKG graph must be provided by the evaluating physician. The completed Participant Physical Form and the EKG graph must be submitted to the Sport Clubs Athletic Training center for review. Any significant findings on the physical / EKG may require the participant redo their physical examination with the Student Health Center. Listed are two urgent care facilities that may be used to fulfill these requirements.

Valley Urgent Care
Address: 9335 Reseda Blvd. Northridge, CA 91324
Phone: (818) 349-9966
Days & Hours: M-F, 8:00am-8:00pm, Sat, 10:00am-3:00pm, Sun, Closed

Exer Urgent Care
Address: 19346 Nordhoff St. Northridge, CA 91324
Phone: (818) 727-2040
Days & Hours: 7 days a week, 9:00am-9:00pm

Athletic Training Center Location



Updated: October 1, 2021

For Office Use Only: DSE ☐ PRES ☐

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Medical History Questionnaire

Last Name: ____ First Name: ______________________________

Birth Date: _____ /_____ / _____ CSUN ID #: ______________________________ Gender: _____________

Cell Phone: (____) ________-__________ CSUN Email: ____

Club: __________________________________ Age: _______

Medical History: Please select all of the conditions that you have currently or had previously

Any Infectious Disease	Yes ☐	No ☐	Unexplained Fainting	Yes ☐	No ☐
Mononucleosis (Mono)	Yes ☐	No ☐	Unexplained Dizzy Spells	Yes ☐	No ☐
Viral Pneumonia	Yes ☐	No ☐	Diabetes	Yes ☐	No ☐
Hepatitis A	Yes ☐	No ☐	Marfan's Syndrome	Yes ☐	No ☐
Hepatitis B	Yes ☐	No ☐	HIV / AIDS	Yes ☐	No ☐
Hepatitis C	Yes ☐	No ☐	Cancer	Yes ☐	No ☐
Thyroid Disease	Yes ☐	No ☐	If Yes, Type: ________________________		

Do you have any skin conditions such as ringworm, herpes, or viral warts? Yes ☐ No ☐

Do you have a hearing impairment? If yes, describe: ______________________________ Yes ☐ No ☐

Allergies: Please select all of the allergies that you have currently or had previously

Aspirin	Yes ☐	No ☐	Codeine	Yes ☐	No ☐
Sulfa Drugs	Yes ☐	No ☐	Iodine	Yes ☐	No ☐
Oral Anti-Inflammatory	Yes ☐	No ☐	Bee Stings	Yes ☐	No ☐
Penicillin	Yes ☐	No ☐	Latex	Yes ☐	No ☐
Ibuprofen	Yes ☐	No ☐	Acetaminophen	Yes ☐	No ☐
Adhesives	Yes ☐	No ☐	Other: ________________________________		

If you have any additional conditions, problems, or comments that were not addressed in the above questionnaire, please use the space below to inform us so that we may be able to serve you with our best medical care.

____

____

By signing below, I certify that all answers provided on the Medical History Questionnaire are true and I have completed the form to the best of my knowledge. I have no abnormalities, limitations, or restrictions not mentioned in this record. I understand that this information is to help determine my fitness to participate in Sport Clubs at California State University, Northridge and to aid in the treatment and evaluation/diagnosis of future injuries/illnesses that I may develop.

____ ______________________________

Participants Signature Date

____ ______________________________

Signature of Participants Parent / Guardian (if under 18 years of age) Date

____ ______________________________

Athletic Trainer Signature (Reviewer) Date

Concussion Fact Sheet

What is a Concussion?

A concussion is a brain injury that:

- Is caused by a blow to the head or body from contact with another player, hitting a hard surface such as the ground, ice, or floor, or being hit by a piece of equipment such as a bat, hockey stick, or ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

How Can I Prevent a Concussion?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head can all cause concussion.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.
- Avoid hitting from behind.

What are the Symptoms of a Concussion?

You can't see a concussion, but you might notice some symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia
- Confusion
- Headache
- Loss of consciousness
- Double or blurry vision
- Balance problems or dizziness
- Sensitivity to light or noise
- Nausea (Feeling that you might vomit)
- Feeling sluggish, foggy, or groggy
- Feeling unusually irritable
- Slowed reaction time
- Concentration or memory problems (Forgetting game plays, facts, meeting times)

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms to appear or get worse.

What Should I Do If I Think I Have a Concussion?

- **Don't hide it.** Tell your athletic trainer and coach immediately. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.
- **Report it.** Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.
- **Get checked out.** Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.
- **Take time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

Second Impact Syndrome

This occurs when an individual sustains a second, often minor, blow to the head before the initial symptoms of a concussion are resolved. The resulting loss of auto regulation of the brain's blood supply could result in vascular enlargement and herniation of the lower brain, resulting in death. There is approximately a 50% mortality rate associated with second impact syndrome.

Concussion Statement of Agreement

I have read and understand the materials that have been provided to me by the Sport Club Athletic Training Department. I understand that it is my responsibility to report any signs and symptoms of a concussion I may have honestly and in a timely manner to a certified athletic trainer without fear of repercussions.

____ _____________________________
Participants Name (Print) Club

____ _____________________________
Participants Signature Date

____ _____________________________
Signature of Sport Clubs Appointed Witness or Athletic Trainer Date

Consent to Treat

I understand that I am involved in athletic activities that could lead to injuries and the need for medical attention. I give permission for the Athletic Training Staff to administer medical treatment to me, including emergency medical care such as CPR. I understand that the Athletic Training Staff will perform only procedures that are within their training. I understand that it is my responsibility to inform the Athletic Training Staff of any injury, illness, increase in pain, medication or abnormal responses to treatment and/or rehabilitation and that it is my responsibility to be present for all treatment and rehabilitation sessions in order to best treat an injury. I understand that it is my right to seek an evaluation from California State University, Northridge physicians. I understand it is also my right to seek an evaluation and/or rehabilitation services from physicians outside CSUN provided I inform the Athletic Training Staff in writing in advance.

____ _____________________________
Participants Name (Print) Club

____ _____________________________
Participants Signature Date

____ _____________________________
Signature of Sport Clubs Appointed Witness or Athletic Trainer Date

If Participant is Under 18 Years of Age

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

____
Name of Minor Participant's Parent/Guardian (Print)

____ _____________________________
Signature of Minor Participant's Parent/Guardian Date

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Participant Physical Form

The Participant Physical Form is required for only those participants that choose to fulfill the physical requirement with their own physician. Not all clubs require a physical. If you plan on attending one of the mass-physical events conducted in the Klotz Student Health Center, you are not required to complete this form.

To the examining health care provider: Please complete the Participant Physical Form in its entirety and comment for all abnormal responses. Please provide participant with a copy of EKG.

Last Name: ____ First Name: ______________________________

Physical Date: ____ /____ / ____ Birth Date: ____ /____ / ____ CSUN ID #: ______________________________

Club: ________________________ Age: _______

General Physical Information

Height: ____ ' ____" Weight: ______ lbs.

Blood Pressure: ____ / ____ Resting Pulse: ______ bpm

Vision Exam

Corrected: _____ Left: ______ Comments: ______________________________

Uncorrected: _____ Right: ______ ______________________________

Physical

Abnormal	Normal		Comments
☐	☐	Head, Ears, Nose, Throat	______________________________
☐	☐	Neck - Thyroid	______________________________
☐	☐	Respiratory	______________________________
☐	☐	Breath Sounds / Other	______________________________
☐	☐	Cardiovascular	______________________________
☐	☐	Murmurs / Other	______________________________
☐	☐	Gastrointestinal	______________________________
☐	☐	Hernia	______________________________
☐	☐	Genitourinary	______________________________
☐	☐	Skin – Rashes, Conditions	______________________________
☐	☐	Neuropsychiatric	______________________________
☐	☐	Musculoskeletal	______________________________

Musculoskeletal Exam

Abnormal	Normal		Comments
☐	☐	C-Spine	______________________________________
☐	☐	Shoulders	______________________________________
☐	☐	Elbows	______________________________________
☐	☐	Wrists	______________________________________
☐	☐	Hands	______________________________________
☐	☐	Spine	______________________________________
☐	☐	Hips	______________________________________
☐	☐	Knees	______________________________________
☐	☐	Ankles	______________________________________
☐	☐	Feet	______________________________________

Electrocardiogram (EKG) ______ Normal ______ Abnormal

If Abnormal, please explain ____

____

____

Please provide participant with a copy of the EKG.

Are there any restrictions of physical activity indicated by your examination? _____ Yes _____ No

If yes, please explain ____

____

____

I, the undersigned health care provider, find this student / athlete physically able to participate in highly competitive intercollegiate athletics. ______ Yes _____ No

____ ________________________________

Signature of Health Care Provider Date

____ ________________________________

Doctor's Name Phone

____

Address