

Required Forms for Intercollegiate Athletes

The following section contains forms required for **student athletes only**. These are to be completed in addition to the Health Center Forms on the previous pages.

- NAIA Eligibility Certification** — Register at PlayNAIA.org and submit additional information to the NAIA Eligibility Center as soon as possible. Shooting sports are exempt from this step.
- 2022-23 Physical Examination Record** — Exam must take place after June 1, 2022.
- Lincoln Orthopaedic Center — Parental Authorization** — For students aged 18 years and younger.
- Student-Athlete Drug Testing Consent Form**
- Student-Athlete Concussion Responsibility Form**

Student Athlete NAIA Eligibility Certification

The National Association of Intercollegiate Athletics Eligibility Center provides initial-eligibility certification for first-time NAIA participants—high school students, transfers from non-NAIA schools, and those who have never participated in athletics at an NAIA-member school. The NAIA Eligibility Center will determine athletic eligibility based on academic record and the additional information provided by the athlete. It is the responsibility of the prospective student athlete to make sure the Eligibility Center has the documents needed to certify his/her eligibility.

If you have not already been cleared by the NAIA Eligibility Center, please take the time to follow the instructions below to prevent any delays in your athletic participation.

How to Register

Apply for eligibility certification at www.PlayNAIA.org.

Click “Register to Play”. Fill out form to create a Student-Athlete Profile.

Test Scores

Request to have your ACT or SAT test scores sent directly to the NAIA Eligibility Center with code “9876”.

If you still plan to take the ACT/SAT, specify the NAIA code “9876” upon registering for the test to have it sent directly to the NAIA Eligibility Center.

Transcripts

Ask your high school or college registrar to send your final official transcript to the NAIA Eligibility Center with code “9876”.

Payment

Through a secure transaction, your credit card or electronic check can be used for payment of the one-time fee when you register. Students that qualify for a waiver of SAT or ACT testing fees or for a free or reduced school lunch program are eligible for a waiver of the registration fee. Fee waivers should be requested from your high school.

If you have any questions regarding your eligibility, contact the NAIA directly at 816-595-8300 or ecinfo@naia.org or contact the Concordia University, Nebraska coach of your sport.

Student Athlete Lincoln Orthopedic Center, P.C.

Required for Student Athletes Only

(Age 18 years or younger)

PARENTAL AUTHORIZATION

I, _____, certify that I am the parent/legal guardian of _____, a minor ("Child"), and that I am authorized to provide informed consent for any medical treatment provided to my child. I hereby give my express consent for Lincoln Orthopaedic Center, P.C. ("Clinic") to perform the following procedures on my child, for the duration of the school year:

- Diagnostic procedures such as laboratory test, X-rays and physical examination;
- Medical and surgical treatment as deemed necessary by the Clinic healthcare providers;
- Ongoing treatments or therapy

I understand the nature of the treatment or procedures, and I acknowledge that no guarantees have been made to me or my child as to the results of treatment or examination performed at the Clinic. Furthermore, I acknowledge that I am financially responsible for any and all medical examinations and treatments provided to my child at the Clinic. I hereby assign and authorize payment directly to the Clinic and those physician(s) providing care to my child of any and all third party payor benefits otherwise payable to me.

I hereby agree that the Clinic and the physician(s) may issue a receipt for any such payment and that this receipt shall be a conclusive acknowledgment by me that I have received insurance benefits from the insurance company(ies) in the sum specified in such receipt, and agree that such payment shall discharge the insurance company(ies) of any and all obligations under the policy(ies) to the extent of such payment and for that purpose. I expressly authorize the Clinic and the physician(s) to furnish the insurance company(ies) with any information desired concerning said medical care and treatment. I understand that I am financially responsible to the Clinic and the physician(s) for charges not covered by this assignment and further agree to guarantee prompt payment in full of any balance due.

I also give permission to Lincoln Orthopaedic Center, PC to release my child's medical information to the athletic coaching and training staff at the school where my child attends.

A photocopy of this document shall be considered as valid as the original.

SIGNATURE OF PARENT/GUARDIAN

DATE

Sport(s)

Student ID J#



CONCORDIA UNIVERSITY, NEBRASKA
Department of Intercollegiate Athletics
Alcohol and Drug Education and Testing Policy

Student-Athlete Drug Testing Consent Form

I, _____, hereby acknowledge that I have read the Alcohol and Drug Education and Testing Policy of Concordia University, Nebraska (CUNE) that follows this form. I understand the policies, procedures and my responsibilities as described in the Policy.

As a condition to my participation in intercollegiate athletics at CUNE during this academic year, I consent to participate in the alcohol and drug education and testing program at CUNE. I understand that my participation in this program includes the collection and testing of my urine at various times during this academic year for drugs, alcohol, and/or other banned substances. Saliva and hair follicle test may also occur.

For health and safety reasons as well as to determine my eligibility, I further consent to the release of the results of any drug test, to the Director of Athletics, the VPSA, the Head Coach, the Team Physician, the Head Athletic Trainer, Assistant Athletic Trainers, and my parent(s) or guardian(s). I acknowledge and understand that a copy of this consent form may be sent to my parent(s) or guardian(s) along with a copy of the Alcohol and Drug Education and Testing Program Policy. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

CUNE, its officers, employees, and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this consent form. I fully and forever release and discharge the aforementioned parties from any claims, demands, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from my participation in this program.

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

DATE

Date of Birth _____ Sport(s) _____ Student ID J# _____

If 18 years of age or younger, signature of parent/guardian is also required.

SIGNATURE OF PARENT/GUARDIAN

DATE

Student-Athlete Concussion Responsibility Form

I, _____, take responsibility for reporting all injuries and illnesses to the athletic performance staff. I understand that my true physical condition is dependent upon an accurate medical history and full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby confirm that I have fully disclosed all prior medical conditions in writing, and will disclose any future problems that may occur to the athletic performance staff and/or team physician.

I understand that there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have read and understand the NCAA Concussion Fact Sheet provided to me and I understand the importance of immediately reporting symptoms of a head injury/concussion to the athletic performance staff and/or team physician. I have discussed any questions I have regarding concussions and head injuries with the athletic performance staff.

Prior concussion date(s) if applicable _____

After reading the NCAA Concussion Fact Sheet for Student-Athletes, I am aware of the following information:

Initial:

- _____ A concussion is a brain injury, which I am responsible for reporting to my athletic trainer.
- _____ I am aware that I might notice some of the symptoms of a concussion right away while other symptoms can show up hours or days after the injury.
- _____ A concussion can affect my ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance.
- _____ I am responsible for truthfully and promptly reporting a concussion and any concussion-related symptoms to my athletic training and/or team physician.
- _____ If I suspect a fellow teammate has a concussion, I should promptly report the injury to my athletic trainer or my team physician.
- _____ I will not return to play in a competition or practice if I have received a blow to the head or body that results in concussion-related symptoms.
- _____ Following a concussion, the brain needs time to heal. I am much more likely to have a repeat concussion if I return to play before my symptoms resolve.
- _____ I am aware that a concussion constitutes a serious injury, which may result in severe and permanent physical and/or mental impairment, and even death.

By initialing each statement above and signing below, I acknowledge and agree that I have read each statement above, that I understand each of the statements above, and that I acknowledge and agree to them freely and voluntarily.

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

DATE

Sport(s) _____ J# _____

If 18 years of age or younger, signature of parent/guardian is also required.

SIGNATURE OF PARENT/GUARDIAN

DATE