



## **All Intercollegiate Athletes Required Forms and Medical Information**

Dear MSOE Student-Athlete:

We are extremely pleased to have you as a student-athlete at the Milwaukee School of Engineering. This letter will detail the necessary forms that all student-athletes must complete prior to competing (in practices or games) in intercollegiate athletics. All necessary forms (except for NCAA forms, which will be completed during the sports eligibility meeting) are available online at: <http://www.msoe.edu/athletics/> and must be filled out completely. If you cannot access the forms online, contact the athletic department at (414) 277-4552 and they will be mailed to you. We wish you much success in your academic and athletic endeavors.

### **Eligibility for Athletic Participation**

All student athletes must have the following up-to-date forms on file in the athletic department prior to participation in intercollegiate practices or contests:

- MSOE Physical History and Examination
- MSOE Release of Liability and Insurance Form
- MSOE Sports Information Form
- NCAA Forms (to be completed at the sports eligibility meeting)

### **Required Forms**

#### **MSOE Physical History and Examination**

- All freshman, transfers, and students who have not previously participated in intercollegiate NCAA sports at MSOE must complete the MSOE Preparticipation Physical Exam History and obtain a physical exam using the MSOE forms. Student-athletes are advised to obtain physical exams on their own. Every student-athlete must have the physical exam completed prior to engaging in any MSOE practice or competition participation.
- Practice and competition participation will not be allowed for anyone who has not completed the physical exam. (per NCAA and MSOE requirements).
- High school physicals (WIAA, etc.) are not accepted. All physicals must be completed within three months of the student-athlete's first day of classes.
- All those who are returning MSOE student-athletes and have previously participated are to complete the Returning Athlete Questionnaire (NCAA rule) and Annual Insurance Information forms.

## **Release of Liability, Sports Information and NCAA Forms**

- Each year, all student-athletes MUST fill out a Release of Liability as well as a Sports Information form. Additional NCAA eligibility forms will be given out and must be completed at each team's first meeting.

**ALL SECTIONS OF THE PHYSICAL EXAM FORM MUST BE COMPLETED. ANY BLANK SECTIONS WILL RESULT IN AN INCOMPLETE FORM AND WILL PROHIBIT ANY ATHLETE FROM ENGAGING IN CONTESTS AND PRACTICES.**

**PLEASE INFORM THE MEDICAL PROFESSIONAL COMPLETING THE FORM THAT ALL SECTIONS MUST BE COMPLETED.**

### **Contact Information**

Please contact the Head Athletic Trainer with questions concerning the Physical History and Examination form. Please direct all other questions to the athletic department administration, both listed below.

Head Athletic Trainer  
1025 N. Broadway  
Milwaukee, WI 53202  
Ph: (414) 277-2812

MSOE Athletic Department  
1025 N. Broadway  
Milwaukee, WI 53202  
Ph: (414) 277-4552



# MSOE Sports Information Form

Sport(s): \_\_\_\_\_ Year in school: \_\_\_\_\_  
(Sr, Jr, So, Fr,)

## **PERSONAL INFORMATION**

Name: \_\_\_\_\_ Preferred first Name \_\_\_\_\_ (i.e. Joe or Joseph)

Birthdate: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Hometown City/State: \_\_\_\_\_

High School: \_\_\_\_\_

Major at MSOE: \_\_\_\_\_ Year in School( Fr., So. Jr. Sr. Gr).: \_\_\_\_\_

Position Played in Sport: \_\_\_\_\_ Throw (R or L): \_\_\_\_\_ Bat (R or L): \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## **SPORTS/AWARDS INFORMATION**

*(This information may be included in team brochures and the athletics website)*

Varsity Sports played in High School: \_\_\_\_\_

HS Honors/Awards: \_\_\_\_\_

MSOE Letters Earned: \_\_\_\_\_

MSOE Athletic or Academic Honors/Awards: \_\_\_\_\_

## **MEDIA INFORMATION**

MSOE will send articles about you to your hometown newspaper to publish! MUST INCLUDE THIS INFORMATION!!!

Local Hometown Newspaper: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(Sports Editor) Email: \_\_\_\_\_

## MSOE GENERAL RELEASE OF LIABILITY

(Must be completed prior to participation in any athletic program, group, or event)

Athlete's Name \_\_\_\_\_ Sport (s) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Year in School \_\_\_\_\_ Age \_\_\_\_\_ Sex: M( ) F( ) Marital Status: Single( ) Married( )  
College Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### RELEASE FROM LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

(I/we) the undersigned (individually, jointly and collectively "I", "we", "me", or the "undersigned"), are aware that (I/the above named individual) participates in one or more intercollegiate, intramural, or club sports athletic programs, and other athletic events and activities at or of the Milwaukee School of Engineering, Inc. ("MSOE") or in which MSOE employees, students, staff, and others participate (all such programs, events, and activities, collectively "Athletic Programs or Events") at my (our) own risk and (I/we) irrevocably assume all risks of harm, damage, liability, injury, and loss associated with, related to, or potentially arising from or related to such participation. I (we) understand that participating in any Athletic Program or Event can be a dangerous activity involving risk of injury and even death.

I (we) understand that I (we) am (are) responsible for the cost of any and all medical services that I (we) may require as a result of participating in Athletic Programs or Events.

In consideration of MSOE's permitting me to try out and engage in Athletic Programs or Events, including but not limited to, practicing and competing in such activities and traveling to or from such activities (hereinafter "participation" or "participating" in Athletic Programs or Events), I hereby fully and irrevocably release, waive and discharge MSOE and its officers, directors, and employees ("Released Persons and Entities") from all liability to the undersigned, undersigned's personal representatives, assigns and heirs for all loss, liability damages or expense, whenever arising or discovered, and any claim or demands therefore, on account of, or related to, any injury to the person or property or resulting in death of the undersigned while the undersigned is participating in an Athletic Program or Event, including injury, loss or damages caused in whole or in part by the negligence of MSOE or the Released Persons and Entities, or any violation of the Safe Place Statute under Section 101.11 of the Wisconsin Statutes excepting only injury or death caused by intentional or reckless acts of the Released Persons and Entities.

I will indemnify, and at MSOE's request, defend, and save harmless, MSOE and Released Persons and Entities, for any loss, damages or expenses incurred by Released Persons and Entities, by reason of any third party claim for injury, loss, or damages to the undersigned, which I have released, waived, or discharged in this General Release of Liability.

In addition, the undersigned irrevocably assumes all liability for, is responsible for, indemnifies, and at MSOE's request, defends and saves harmless, MSOE and the Released Persons and Entities against any loss, liability, damage, or expense arising from any actual or claimed death or injury to any person other than the undersigned or actual or claimed damage to property, whether owned by the undersigned, MSOE, or third parties, including loss of use, which actually or allegedly results from any conduct, act, or omission of the undersigned, resulting from participation in Athletic Programs or Events.

Furthermore, I understand that MSOE disclaims responsibility for team or club members and others who travel to Athletic Programs or Events in vehicles not owned by MSOE. I assume all risks of driving myself and/or others to any Athletic Programs or Events. Similarly, I assume irrevocably all risks of riding with other team or club members, spectators, coaches, or others to such activities in vehicles not owned by MSOE.

The undersigned hereby irrevocably assumes liability for, is responsible for, indemnifies, and at MSOE's request, defends and saves harmless MSOE and the Released Persons and Entities against any loss, damage, liability, or expense arising from or related to any actual or claimed death or injury to any person or any actual or claimed damage to property which actually or allegedly results from the undersigned's transportation to or from Athletic Programs or Events in any vehicle not owned by MSOE.

This Release from Liability, Assumption of Risk, and Indemnity Agreement shall be effective from: 7/1/11 to 7/1/12, and expiration of this period does not affect or terminate the waiver of liability and release and obligation to indemnify, which includes for injury, loss, liability, or damages arising or discovered subsequent to the expiration of the stated period.

I hereby authorize the staff of MSOE to secure case history records, laboratory reports, diagnoses, x-rays, and other data covering this and/or previous confinements and/or disabilities. A photocopy of this authorization shall be deemed as effective and valid as the original document. I authorize the MSOE Athletic Department to provide and secure medical assistance needed on behalf of the athlete above mentioned.

I HAVE READ THIS DOCUMENT AND AGREE TO BE BOUND BY THIS DOCUMENT. I (WE) UNDERSTAND THAT THIS DOCUMENT BARS ME, MY HEIRS, ASSIGNS, AND REPRESENTATIVES FROM ANY RECOVERY FROM MSOE AND THE RELEASED PERSONS AND ENTITIES FOR INJURY, DEATH, OR DAMAGE TO THE UNDERSIGNED, AND FOR DAMAGE AND LOSS OF PROPERTY WHICH RESULTS FROM OR IS RELATED TO MY (THE ABOVE NAMED ATHLETE'S) PARTICIPATION IN OR TRANSPORTATION TO/FROM ATHLETIC PROGRAMS OR EVENTS AS SET FORTH ABOVE. I ALSO UNDERSTAND THAT THIS DOCUMENT RELEASES MSOE AND THE RELEASED PERSONS AND ENTITIES FROM ANY LIABILITY FOR ANY INJURY, DEATH, OR DAMAGE TO THIRD PARTIES RESULTING FROM OR RELATED TO MY (THE ABOVE NAMED ATHLETE'S) PARTICIPATION IN OR TRANSPORTING OF PERSONS TO/FROM ATHLETIC PROGRAMS OR EVENTS AS SET FORTH ABOVE.

ATHLETE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_