



SUMMER VOLUNTARY WORKOUTS

Bylaw 17.1

Cal Poly Pomona, Intercollegiate Athletics
COMPLIANCE OFFICE

In order for a prospective student-athlete to be approved, a completed Summer Voluntary Workouts Packet with all applicable signatures must be submitted to the Compliance Office no less than 48 hours prior to the engaging in summer workouts.

Student Name: _____ **Sport:** _____ **Start Date:** _____

Summer Voluntary Workouts Packet Checklist

PAGE 1: Cover page indicating your name and sport

PAGE 2: Pre-Enrollment Verification Form

PAGE 3-4: Liability Waiver

PAGE 5-10: Physical/New Athlete Info

PAGE 11-12: Sickle Cell Trait Testing and Consent Waiver

NCAA Division II Regulations regarding summer voluntary workouts:

- A fall sport (cross country, soccer, volleyball) incoming freshman prospective student-athlete is permitted to participate in summer voluntary workouts conducted by a designated strength and conditioning coach prior to initial enrollment at CPP provided they have signed an NLI or written offer of admission and/or financial aid.
- A fall sport incoming transfer prospective student-athlete is permitted to participate in summer voluntary workouts conducted by a designated strength and conditioning coach prior to initial enrollment at CPP provided they have signed an NLI or written offer of admission and/or financial aid. An incoming two-year college transfer must also satisfy all applicable two-year college transfer requirements prior to participating in permissible voluntary summer workouts.
- All fall sport incoming prospective student-athletes (freshman and transfers) are required to undergo a medical examination or evaluation administered or supervised by a physician within 6 months prior to the start date. A physical signed off by a Nurse Practitioner, Physician's Assistant or Chiropractor will NOT be accepted. The examination or evaluation shall include a sickle cell solubility test, unless documented results of a prior test are provided to the institution or the prospective student-athlete declines the test and signs a written release.
- Summer Voluntary Workouts may be conducted beginning July 9th through the end of the institution's official summer vacation period.

If you have any medical questions about your paperwork, please feel free to contact the Assistant AD for Sports Performance, Ruem Malasarn at (909)869-2834 or email him at rmalasarn@cpp.edu. If you have any compliance questions about your paperwork, please feel free to contact the Assistant AD for Compliance, Jenny Heimstead at (909)869-4913 or email her at jeheimstead@cpp.edu.

PLEASE FAX ALL COMPLETED FORMS TO THE ATHLETICS DEPARTMENT/TRYOUT PAPERWORK; FAX # is 909/869-2814 OR SCAN AND EMAIL THE COMPLETE PACKET TO THE COMPLIANCE OFFICE AT jeheimstead@cpp.edu



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COMPLIANCE OFFICE

PROSPECTIVE STUDENTS

All prospects who intend to use Cal Poly Pomona's facilities prior to initial full-time enrollment (incoming freshman and transfers), must complete and submit the Pre-Enrollment Verification Form.

General Information

Name: _____ Date of Arrival: _____ Email: _____

Please select: ☐ Freshman ☐ Transfer, If transfer, what type:
☐ 2-year transfer
☐ 4-year transfer
☐ 2-year transfer with previous 4-year enrollment

Summer Housing

Address: _____

Name of Roommate(s): _____

Monthly Rent: _____

How are you paying for your rent while on campus over the summer? ☐ Self ☐ Parents ☐ Other (describe): _____

Was housing arranged: ☐ Yes ☐ No If yes, by who? _____

Summer Board

How are you paying for your meals while on campus over the summer? ☐ Self ☐ Parents ☐ Other (describe): _____

Acceptance

My signature below affirms to the best of my knowledge that my participation in summer activities and the benefits I may receive prior to my initial enrollment at Cal Poly Pomona are in accordance with NCAA and institutional rules.

Name (Printed): _____ Date: _____

Signature: _____

For Office Use Only

Received on: _____

Sports Medicine Clearance: _____ Date: _____

Compliance Clearance: _____ Date: _____ Notified S&C on: _____

Comments:

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; Cal Poly Pomona; and their employees, officers, directors, volunteers and agents (collectively "University") and Cal Poly Pomona Foundation, Inc.; Cal Poly Pomona Associated Students Inc.; and their employees, officers, directors, volunteers and agents (collectively "Auxiliaries") from any and all claims, **including claims of the University's and/or Auxiliaries' negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University and/or Auxiliaries **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University and/or Auxiliaries incur any of these types of expenses, I agree to reimburse the University and/or Auxiliaries. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University and/or Auxiliaries from all liability, (b) promising not to sue the University and/or Auxiliaries, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I understand and agree that while participating in this activity, I remain subject to the rules, regulations, and policies of the activity and Cal Poly Pomona University, as stated in Title 5 of the California Code of Regulations, Section 41301, Standards for Student Conduct.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____ 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 and/or Auxiliaries 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.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name

Cal Poly Pomona University Intercollegiate Athletics
Athletic Training

NEW STUDENT-ATHLETE INFORMATION

Date: _____ Sport(s): _____

Name: _____
Last First Middle

Bronco ID #: _____ Date of Birth: _____ Age: _____ Gender: _____

Local Address

Street: _____

City: _____ State: _____ Zip Code: _____

Best Contact Phone Number: _____

Permanent Address

Street: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Father's/Guardian's Complete Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Mother's/Guardian's Complete Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Contact in Case of Emergency

Name: _____ Relationship _____

Best Contact Phone # _____ Second Phone (optional) _____

New Student-Athlete Medical Questionnaire

General and Heart Health Questions

	YES	NO	Explain, Yes Answers
1. Has a doctor ever denied or restricted your participation in sports for any reason?			
2. Do you have any ongoing medical conditions? (asthma, anemia, diabetes, infections, epilepsy, other)			
3. Have you ever passed out or nearly passed out during or after exercise?			
4. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
5. Does your heart ever race or skip beats (irregular beats) during exercise?			
6. Has a doctor ever told you that you have any heart problems? If so, please explain. (high blood pressure, high cholesterol, a heart murmur, a heart infection, Kawasaki disease, other)			
7. Has a doctor ever ordered a test for your heart? (ECG/EKG/ echocardiogram)			
8. Do you get light headed or feel more short of breath than expected during exercise?			
9. Have you ever had an unexplained seizure?			
10. Do you get more tired or short of breath more quickly than your other friends during exercise?			
11. Have you ever spent the night at the hospital?			
12. Have you ever had surgery? If so, what for and when?			
13. Do you have allergies? (to foods, pollen, grass, insect stings)			
14. Do you have allergies to any medications?			
15. Have you ever been diagnosed with a concussion or head injury? If so, when was the most recent and how many?)			
16. Are you currently under a physician's care now?			
17. Are you currently dealing with any injuries or illnesses now?			
18. Do you have any questions or concerns you would like to discuss with a doctor?			

Family History

	YES	NO	Explain, Yes Answers
1. Has any family member or relative died of sudden or unexpected death before age 50 (including drowning, sudden infant death syndrome or unexplained car accident)			
2. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			
3. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			
4. Has anyone in your family had unexplained fainting, unexplained seizures, epilepsy, or near drowning?			
5. Has anyone in your family been diagnosed with heart disease or high blood pressure?			
6. Does anyone in your family have diabetes?			
7. Does anyone in your family have asthma?			
8. Has anyone in your family suffered a stroke?			
9. Do you or someone in your family have sickle cell trait or disease?			

Medical Questions

	YES	NO	Explain, Yes Answers
1. Have you ever had appendicitis or an appendectomy?			
2. Do you have any history of hepatitis?			
3. Do you have any current skin problems such as itching, rashes, acne, warts, fungus, or blisters?			
4. Have you ever been diagnosed with mononucleosis "mono"? If so, when?			
5. Are you currently suffering from any acute illness or condition?			
6. Have you ever been diagnosed with MRSA skin infection or herpes?			
7. Do you have a history of seizure disorder?			

8. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
9. Do you cough, wheeze or have difficulty breathing during or after exercise?			
10. Do you or have you ever used an inhaler or taken asthma medicine?			
11. Do you have any lower abdominal pain or groin pain?			
12. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
13. Have you ever been unable to move your arms or legs after being hit or falling?			
14. Do you ever have headaches during or immediately after exercise?			
15. Do you get frequent muscle cramps while exercising?			
16. Have you ever become ill while exercising in the heat?			
17. Have you had any eye injuries or problems with your vision?			
18. Do you wear glasses or contact lenses?			
19. Do you wear protective eyewear such as goggles for face shield?			

Bone and Joint Questions

	YES	NO	Explain, Yes Answers
1. Have you ever had an injury to a bone, ligament or tendon that caused you to miss a practice or game?			
2. Do you currently have a bone, muscle or joint injury that bothers you?			
3. Have you ever had any broken bones or dislocated joints?			
4. Have you ever had a stress fracture? If so, how long ago?			
5. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, bracing, casting or crutches?			
6. Have you ever told that you have or have you had an x-ray for neck instability or atlantoaxial instability?			
7. Have you had numbness or weakness in your arms, hands, legs or feet?			
8. Have you ever had a stinger, burner, or pinched nerve?			

9. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position, such as, knee brace, foot orthotics, or hearing aid?			
10. Have you ever had an ankle injury?			
11. Have you had severe, recurrent ankle sprains, which require taping?			
12. Have you ever had a shoulder injury such as: dislocation, separation or rotator cuff injury?			
13. Do you have any history of neck injuries?			
14. Do you have any history of back pain or injury?			
15. Have you ever torn your ACL, MCL, or meniscus in your knee?			
16. Have you had an injury of a muscle, joint, ligament or tendon not already mentioned?			
17. Do you currently have any ongoing pain or swelling in your muscles, tendons, bones, or joints?			
18. Do you have any history of juvenile arthritis or connective tissue disease?			
19. Do any of your joints become painful, swollen, feel warm, or look red?			

Optional Questions

	YES	NO	Explain, Yes Answers
1. Are you happy with your current weight?			
2. Would you like to learn more about proper nutrition to help improve performance?			
3. Do you currently use any type of performance supplement?			
4. Have you ever struggled with or been treated for an eating disorder?			
5. Are you on a special diet or do you avoid certain types of food? (ie. dairy, meat)			
6. Has anyone ever recommended that you gain or lose weight?			

Females Only

	YES	NO	Explain, Yes Answers
1. Have you had a menstrual period?			
2. How old were you when you had your first menstrual period?			
3. How many periods have you had in the last 12 months?			
4. Do you have frequent urinary tract infections?			
5. Have you ever been treated for anemia? If so, when?			

The undersigned, here within,

Certifies that the answers to the health history questionnaire are correct and true.

Understands that his/her having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify him/her.

Fully realized the Cal Poly Pomona, Department of Athletics cannot be held responsible for any previous medical condition(s) that he/she might have.

Understands permission to participate in intercollegiate athletics will not be granted until all subsequent medical forms are completed and have successfully passed the physical examination.

Signature of Student-Athlete: _____ Date: _____

Pre-Participation Physical Examination Form

Date of Exam _____

This form MUST be signed by a MD or DO and include an official stamp from the physician or clinic.

Name: _____ Date of Birth _____ Sport(s) _____

Examination: Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____
☐ Male ☐ Female ☐ Non-Binary Vision (R) _____/20 (L) _____/20 Vision Corrected? Yes No

Questions on sensitive issues to consider for physicians:

Do you feel stress out or under pressure?

Do you ever feel sad, hopeless, depressed or anxious?

Do you feel safe at your home/residence?

Have you ever tried any tobacco products?

Do you drink alcohol or use any other drugs?

Have you ever used performance enhancing drugs?

Have you ever taken any supplements to help you gain or lose weight?

Do you wear a seatbelt, use a helmet, use condoms?

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance: Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/Ears/Nose/Throat (PEARL, hearing)		
Lymph Nodes		
Heart (Murmurs-standing, supine, +/- Valsalva)		
Pulses (Simultaneous femoral and radial)		
Lungs		
Abdomen		
Genitalia (males only)		
Skin (HSV, lesions suggestive of MRSA, tinea corporis)		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (duck walk, single leg hop)		

Recommendation for participation in intercollegiate athletics:

_____ Cleared for return to participation with no restrictions

_____ Cleared for return to participation with restrictions or special instructions as follows:

_____ Not cleared*

*Reasons/Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participation in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician: _____ Date: _____

Address: _____ Phone: _____

Physician's Signature: _____, MD or DO

This form MUST be signed by a MD or DO and include an official stamp from the physician or clinic.

Official Stamp of Physician/Clinic

California State Polytechnic University, Pomona
Department of Intercollegiate Athletics
Sickle Cell Trait Testing

About Sickle Cell Trait

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood. In rare severe cases, exertional sickling has led to the death of athletes with this trait.

Sickle Cell Trait Testing

- The NCAA recommends that all student-athletes at the Division I and II levels have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- Cal Poly Pomona Department of Intercollegiate Athletics offers sickle cell trait screening in the form of a blood test to all student-athletes as part of the pre-participation physical examination process.
- Testing will be conducted at the Cal Poly Pomona Health Center Laboratory and/or other designated laboratory facility. Results will be reported to Cal Poly Pomona Student Health Services, the Cal Poly Pomona Team Physician, and Cal Poly Pomona Athletic Training staff.
- Individuals that test positive for sickle cell trait will be counseled on what can be done to avoid complications and to provide optimal care of you during practice, competition, and conditioning.

☐ I agree to testing (include copy of testing results if obtained off campus)

Student-Athlete Signature

Student-Athlete Print Name

Sport

Date

Parent/Guardian Signature (If under 18 years of age)

Parent/Guardian Print Name

Date

SICKLE CELL TRAIT TESTING WAIVER

I, _____, understand and acknowledge that the NCAA and
Student-Athlete Name (Print Name)

Cal Poly Pomona Department of Intercollegiate Athletics recommends that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned information about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to Cal Poly Pomona Intercollegiate Athletics personnel.

I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and I voluntarily agree to release, discharge, indemnify and hold harmless Cal Poly Pomona, the CSU Board of Trustees, its officers, employees and agents from any and all cost, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my choice not to act in accordance with the sickle cell trait testing recommendations of the NCAA and Cal Poly Pomona Department of Intercollegiate Athletics.

I have read and signed this document with full knowledge of its significance and with my own free will. I further state that I am at least 18 years of age and competent to sign this waiver, and if not, my parent or legal guardian has signed this document.

Student-Athlete Signature

Sport

Date

I am the parent or legal guardian of the student-athlete. I have read and signed this document with full knowledge of its significance.

Parent/Guardian Signature (If under 18 years of age)

Parent/Guardian Print Name

Date

Witness Signature

Witness Print name

Date