



Blue Mountain Community College
Athletic Department
2411 NW Carden, PO Box 100
Pendleton, OR 97801

Returning Student-Athlete Checklist

Welcome Back to Blue Mountain Community College Athletics!

The following information is extremely important for athletic preparation and eligibility at Blue Mountain Community College. The primary concern for BMCC is to provide proper medical care for student-athletes.

Insurance Information

Blue Mountain Community College does not provide health insurance to participants in college sports. It is mandatory for all student athletes to have personal health insurance. Student athletes must complete the Insurance form and submit to Blue Mountain Community College prior to participation.

Medical History Update

You are only required to have a physical examination your first year. Returning student athletes are required to complete a Medical History Update Form. This form is to be completed by second-year or returning athletes only. This form must be filled out and returned to your coach prior to participation.

ALL FORMS MUST BE SUBMITTED TO THE HEAD COACH AT YOUR FIRST TEAM MEETING IN THE FALL - PRIOR TO THE FIRST PRACTICE OF THE YEAR!

CHECKLIST

- Student Athlete Insurance Information
- Medical History Update

For questions or concerns, contact the BMCC Athletic Office at 541-278-5896, Athletic Director at 541-278-5900, or your Head Coach



"The mission of the Blue Mountain Community College Athletic Department is to create and provide an environment where each student-athlete may have the opportunity to have a positive and successful experience."



Blue Mountain Community College - Athletic Department Student-Athlete Insurance Information

(Please print)

Blue Mountain Community College does not provide health insurance to participants in college sports. It is mandatory for all student athletes to have personal health insurance.

Date: _____/_____/_____

Athlete's Name: _____

Local Address: _____

City State Zip Code

Phone: _____ Cell Phone: _____

Parent/Legal Guardian Name: _____

Address: _____

City State Zip Code

Phone: _____ Cell Phone: _____

Primary Insurance

Insurance Company Name: _____

Mailing Address: _____

_____ Phone: _____

City State Zip Code

Subscriber Name: _____

Group Number: _____ Policy Number: _____

Relationship to Subscriber: _____

Student-Athlete Signature: _____ Date: _____

Parent Signature (If under 18): _____ Date: _____



Blue Mountain Community College - Athletic Department Student-Athlete Medical History Update

(Please print)

FULL NAME (PRINT) _____
LAST FIRST MI

DATE OF BIRTH _____ SPORT _____
MONTH/DAY/YEAR

LOCAL MAILING ADDRESS: _____
CITY ST ZIP CODE

CELL PHONE: _____ HOME PHONE: _____

PERMENANT ADDRESS (IF DIFFERENT THAN ABOVE) _____
CITY ST ZIP CODE

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

CELL PHONE: _____ HOME PHONE: _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

MEDICAL ILLNESS: In the past year have you had any of the following?

	Use this column to briefly explain YES answers	Yes	No
1. Chest pain while exercising			
2. Fainted or nearly fainted while exercising			
3. Unexplained shortness of breath or fatigue with exercise			
4. Suffer from heat illness			
5. Been knocked out or experienced a concussion... If YES were you seen by a medical professional?			
6. Other illnesses, please list:			

Student Medical History Update - Continued

GENERAL MEDICAL INFORMATION:

	Yes	No
7. Do you have or have your ever been treated for diabetes?		
8. Have you ever had anemia?		
9. Do you have or have you ever had hypoglycemia (low blood sugar)?		
10. Do you wear glasses?		
11. Do you wear contacts?		
12. Do you wear hearing aids?		
13. Do you currently take medications or drugs? If Yes , what medications or drugs are you taking, dosage information and for what reason:		
14. Have you ever been diagnosed with Asthma?		

ALLERGIES:

	Yes	No
Please list all allergies:		

Other

If you have any additional conditions, problems, or comments that have not been addressed in the above questionnaire, please use the space below to inform us so that we may better serve you.

Certification of Accuracy: By signing below, I certify that all statements and answers in the above medical history questionnaire are true and complete to the best of my knowledge. I have no abnormality, limitation, or restriction not mentioned in this record. I understand that this information is to help determine my fitness to participate in athletics, and to aid in the treatment and diagnosis of future injuries/illnesses that I may incur while participating in athletics at Blue Mountain Community College. I further understand that any intentional omission of answers either verbally or in writing may result in disqualification from the community college sports program.

By my signature I verify that I have read, understand and agree to the above-stated conditions.

STUDENT ATHLETE SIGNATURE _____ DATE _____
 PARENT/GUARDIAN SIGNATURE (IF UNDER 18) _____ DATE _____

"It is the policy of the Blue Mountain Community College Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, sexual orientation, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Vice President Student Affairs at 150 Morrow Hall, Blue Mountain Community College, 2411 NW Carden Pendleton OR 97801, Phone 541-278-5796 or TDD 541-278-2174."