Minnesota North College
A Member of Minnesota State

Player Eligibility Information

Name: _____ Tech ID: _____
Date of Birth: _____
High School Graduation Date (Month, Date, and Year): _____
Name of High School, City, State: _____
Minnesota North Campus: _____
Sport: _____
Are you a transfer student? Yes No
If so, what other college(s) have you attended?

Month/Year of initial college enrollment (Include transfer schools, if applicable)

Number of full–time terms (12 or more credits) previously enrolled in college (including transfer schools, if applicable).

Number of credits you are registered for Fall / Spring (circle one) for the _____ (year)
Number of seasons of participation (including this year) _____

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Athletic Insurance

Minnesota North College does not provide insurance coverage for students participating in intercollegiate athletics. Therefore, students competing in campus intercollegiate programs are required to make provisions for coverage before participating. No athlete will be permitted to participate without inter collegiate athletic insurance coverage.

In checking insurance coverage for students, it had been our experience that the student who can obtain his/her insurance under their parents' policy will receive the best coverage for the premium paid.

All athletes must complete the form below and return it to their coach prior to participation in an intercollegiate program at Minnesota North College.

Student Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Date of Birth of Student Athlete: _____
Name of Policy Owner (if different): _____
Name of Company: _____
Policy Number(s): _____
Group Number(s): _____

Date: _____
Student Signature: _____
Policy Owner Signature (if different): _____

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Waiver of Liability, Assumption of Risk and Indemnity Agreement for Minnesota North College

Waiver: In consideration of being permitted to participate in athletics at Minnesota North College, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Minnesota North College, its officers, employees and agents from liability from all claims resulting in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, my participation in athletics except as caused by their intentional, willful or wanton conduct.

I understand that Minnesota North College does not provide any medical coverage for athletic participants and that all medical expenses that occur during participation are my sole responsibility.

Assumption of risk: I acknowledge that my participation in athletics is voluntary and carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, ligament/tendon injuries, broken bones; heart attacks and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in Minnesota North College Athletics. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Minnesota North College Athletics HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in athletics and to reimburse Minnesota North College for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the state of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, have been given an opportunity to consult with counsel, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a release of liability to the greatest extent permitted by law.

Date: _____

Print Name: _____

Signature of Student or Parent/Guardian if student is under 18: _____

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Athletic Training Consent Form

Student Name: _____
Address: _____
Cell Phone Number: _____

Parent(s) name(s): _____
Address: _____
Phone Number: _____

I give consent to the athletic trainer, physical therapist, medical personnel, or coach treating injuries and authorize said person to discuss those injuries with and release and applicable medical information or records relating to those injuries to coaches, school staff, and other qualified health care providers as deemed necessary within their scope of practice.

Student Signature: _____
Date: _____