Application for Recreational Club Eligibility

Chico State Recreational Clubs

Proof of Insurance

I understand that I am required by Chico State Sport Club policy to carry personal medical insurance in order to participate on specific Recreational Club teams. By completing the information below I agree to this requirement and take full responsibility for keeping my premiums paid and my coverage up to date. In the event that my insurance is cancelled for any reason, I understand that I am automatically ineligible to participate in practice on a Chico State Recreational Club team and will immediately notify the club president as well as the Recreational Club Advisor of my change in status.

Health Insurance Company: ________________________________

Club member signature: ________________________________

Date: ____________________

YOU MUST HAVE HEALTH INSURANCE TO BE PLACED ON THE CLUB ROSTER

Physical Activity Readiness Questionnaire

Yes  No

☐ ☐ 1. Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?

☐ ☐ 2. Do you have chest pain brought on by physical activity?

☐ ☐ 3. Have you developed chest pain in the past month?

☐ ☐ 4. Have you lost consciousness or fallen over as a result of dizziness in the past year?

☐ ☐ 5. Do you have a bone or joint problem that should be reviewed by a physician before you participate on this club team?

☐ ☐ 6. Has a doctor ever recommended medication for your blood pressure or a heart condition?

☐ ☐ 7. Are you aware, through your own experience or a doctor’s advice, of any other physical reason that would prohibit you from exercising without first seeking medical clearance?

☐ ☐ 8. Do you have any health-related issue that your coach and teammates should know about (i.e. asthma, epilepsy, diabetes, etc.)?

If yes, please note: ________________________________