

ACKNOWLEDGEMENT OF RESPONSIBILITY AND INFORMED CONSENT

To be completed by parent, guardian or athlete:

I, _____, would like/ would like my minor child to participate in ACL Functional testing/return to sport screen at Michigan State University (MSU) in East Lansing, Michigan. I understand that this activity entails a risk of injury and the when young people are engaging in sports performance training or testing, accidents can happen even when there is supervision. I know that my child and I/I bear some responsibility for minimizing the risk of injury. I will discuss with my child/reflect myself on the importance of safe behavior.

1. Health needs: My child has no related health condition or disability that limits his or her ability to participate in the program or activity. Please list surgery/injury and date of surgery/injury as well as any potential condition or past medical history below:

2. Emergency: In case of emergency occurring while I/my child is participating in a program or activity, I authorize MSU in advance to secure whatever treatment it deems necessary. MSU may take action it considers to be warranted under the circumstances for my/my child's health and safety. I agree to bear the expense for any emergency medical treatment and release from MSU liability for the same.
3. Rule and Regulations: I will/my child will listen and be mindful of all safety instructions provided to him or her and to abide by all program rules.
4. Behavior: MSU reserves the right to remove or restrict an athlete who does not listen to instructions, engages in bullying, hostile behavior or other actions that interfere with the conduct of the program.
5. I understand that this is a cash-based service program and not billed as physical therapy. This is a service for testing the athlete in a functional manner and a return to sport screening. I have/my child has already participated in their physical therapy program or no formal PT was needed.
6. MSU HEALTHTEAM NOTICE OF PRIVACY PRACTICE: I acknowledge that I have been offered the MSU HealthTeam Notice of Privacy Practices.

I HAVE READ THIS ACKNOWLEDGEMENT, UNDERSTAND AND ACCEPT IT.

Date: _____

Child's name: _____

Parent/Guardian: _____

Emergency contact and phone number: _____