

UHS#

Name

DOB

Sickle Cell Solubility Testing

Per NCAA Bylaw 17.5.1

“Prior to participation in any practice, competition or out-of-season conditioning activities (or in Division I, permissible voluntary summer conditioning or voluntary individual workouts pursuant to the safety exception), student-athletes who are beginning their initial season of eligibility and students who are trying out for a team shall be required to undergo a medical examination or evaluation, **which shall include a sickle cell solubility test (SST)**, administered or supervised by a physician (e.g., family physician, team physician).”

Student Athletes must therefore perform one of the following steps before participating in Intercollegiate Athletics, to comply with NCAA Bylaws and Cal Athletics regulations:

1. Complete a Sickle Cell Solubility Test (SST) at the time of your physical (~\$20 expense)
2. Provide a copy of your previously performed Sickle Cell Solubility Test (SST) at the time of your physical exam for Intercollegiate Athletics.
3. Complete the following waiver/declination, indicating the your refusal to submit to Sickle Cell Solubility Testing (SST)

Failure to complete one of the above steps will prevent you from participating in Cal/NCAA Athletics. Access to NCAA and UC Educational Materials related to Sickle Cell Trait is provided at www.ncaa.org and www.uhs.berkeley.edu/students/athletics

Sickle Cell Solubility Testing (SST) Declination and Waiver of Liability Agreement

I, _____, am a Cal Student Athlete, and am voluntarily declining to submit to Sickle Cell Solubility Testing, and am exercising the option given to me in NCAA Bylaw 17.5.1 to decline to either provide my sickle cell testing results, or to undergo sickle cell testing. I have a full knowledge of the risks of not providing this information to Cal Athletics.

I understand and agree that as a condition of signing this waiver, I agree to release from liability and to indemnify The Regents of the University of California, their officers, directors, agents, employees, assigns, successors or lessors for any damage, injury, and/or death to myself that arises out of or is in any way connected to my refusal to submit to Sickle Cell Testing.

I understand and agree that if I am signing this waiver and release on behalf of my minor child, that I will be giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf.

I understand and agree that I have carefully read this agreement and fully understand all of its terms and conditions. I understand that this is a release of liability which could legally prevent me from filing suit or making any other legal claim for damages in the event of my death or injury to me. With this knowledge, I am entering into this agreement freely and voluntarily. I agree that this is binding upon me, my spouse, my heirs, my children, including any guardian ad litem for the children, my assigns, and legal representatives.

Print Name: _____ Signature: _____ Date: _____

PARENT OR GUARDIAN must sign below, IF STUDENT-ATHLETE IS UNDER 18 YEARS OF AGE

Print Name: _____ Signature: _____ Date: _____