



Medical Pre-Participation Forms for New and Transfer Student-Athletes

It is the Randolph College Athletic Training staff's responsibility to safeguard the health and safety of all student-athletes. This starts with ensuring you meet and complete the medical eligibility requirements set forth by the NCAA and our Athletic Department. Please review all pages very carefully. Other than the Randolph College Physical form, these forms are in addition to separate forms required by the College Health Center.

These medical eligibility requirements are **due July 15, 2025.**

- Personal and Insurance Information; proof of primary health insurance is required before participation (completed above)
- General Medical Questionnaire (completed above)
- Participation Waiver
- HIPAA/NCAA Consent
- Concussion Statement
- Injury Disclosure Addendum
- Randolph College Physical form (completed above)
- ADHD/ADD Medical Exemption Documentation (only required for those taking medication for ADHD/ADD)
- Sickle Cell test results: **SICKLE CELL TEST LAB RESULTS ARE REQUIRED**

Please note that if you are under the age of 18, along with your signature, it is required to have your parent or legal guardian's signature on all specified documents. You will NOT be allowed to participate in your respective sport in any activity until you have submitted ALL of your Randolph College pre-participation medical paperwork.

The ADD/ADHD forms are available under Athletic Medical Forms on randolphwildcats.com.

You are also required to complete our SportsWareOnLine Medical Information and forms which can be found below along with instructions. www.swol123.net

Reminder, you are required to submit the previously mentioned documents as well as completing the online portion prior to July 15, 2025. This will aid us in confirming you meet all of the medical eligibility requirements before you arrive on campus. When you are prepared to submit your completed paperwork, please do so by uploading it to Slate.

Please contact Matt Yates, Head Athletic Trainer with any questions, comments, or concerns by phone at (434)-947-8338 or by email at myates@randolphcollege.edu.


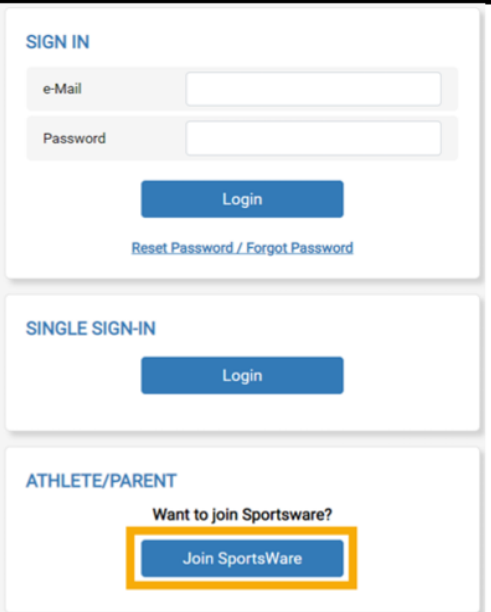
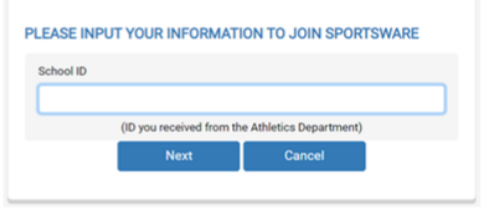


SportsWareOnLine Medical Information

Hello Randolph College WildCat!

Prior to participating on a Randolph College team, all student athletes must provide the Athletic Department with current address, emergency contact, insurance, medical alert and health history information. To expedite this process Randolph College uses an online data entry system. To enter your information, visit **www.swol123.net**.

The first time you visit the website you will need to enter your Randolph College (i.e., ssmith@randolphcollege.edu) email address and click Get Password. You do not need to use either your Randolph College ID # or your Social Security Number. If asked for School ID enter **Randolph College**.

Instruction	Example
Go to www.swol123.net .	
On the right side of the screen, under ATHLETE/PARENT, click the JOIN SPORTSWARE button.	
Enter School ID: ATHENSISD *This ID is unique to your school or institution. This School ID is assigned by your Athletic Trainer, it is not your Student ID. Click the NEXT button.	



RANDOLPH COLLEGE

Enter the following information to request an account:

- Athlete's First Name
- Athlete's Last Name
- Athlete's Date of Birth
- Register as a parent
- Athlete's Email (or parent/guardian's email if they will be responsible for the athlete's medical records)

Click the **SEND** button.

PLEASE INPUT YOUR INFORMATION TO JOIN SPORTSWARE

Athlete's First Name

Athlete's Last Name

Athlete's Date of birth

☐ No

Register as a Parent

Email

(If athlete is a minor you can use a parent's e-mail address)

Select your school/college

Send

Cancel

Your request to join SportsWare will then be sent to the Athletic Trainer for review.

If you are a parent requesting to join multiple children, repeat this process for each child. The same email may be used for multiple children; however, each child will need a unique password as described in the "Setting your Password" section.

*You may not see this message if you have a pop-up blocker enabled.

www.swol123.net says

Your information has been saved.

After your Athletic Trainer accepts your request to join SportsWare, you will receive an e-mail to set up your password.

If you have any questions, please contact your Athletic Trainer.

OK

Once your request is accepted you will receive an e-mail with the subject "*SportsWareOnLine Password Request*".

Open the e-mail and click the password reset link to continue to SportsWareOnLine or follow the directions below on how to set a password.

*If you do not see this email check your spam folder.

SportsWare OnLine Password Request



admin@swol123.net

To

We removed extra line breaks from this message.

You received this e-mail because either:

- 1) You requested to reset your SportsWare Online password OR
- 2) You are an athlete who's request to Join SportsWare Online has been approved by the school and the next step is to set your password.

To reset your password, click the following link (or copy and paste it into a browser address bar)

Section 2.1: Setting Your Password via Web Browser

Instruction	Example
Go to www.swol123.net	



RANDOLPH COLLEGE

Under SIGN IN enter your e-mail address and click the **RESET PASSWORD/FORGOT PASSWORD** link.

SIGN IN

e-Mail

Password

Login

[Reset Password / Forgot Password](#)

SINGLE SIGN-IN

Login

ATHLETE/PARENT

Want to join Sportsware?

[Join SportsWare](#)

Once you click the **RESET PASSWORD/FORGOT PASSWORD** you should see this pop-up

*You may not see this message if you have a pop-up blocker enabled.

**If you see the message "*The e-mail address was not found in SportsWareOnLine make sure it is typed correctly and try again*" be sure you are using the same e-mail when you requested to join SportsWare. If you are still seeing this error, contact your school's athletic trainer to see if they have accepted your account request.

www.swol123.net says

E-Mail sent successfully.

To reset the the password for your SWOL account, you must follow these steps within the next 24 hours.

1. Open the E-Mail that we sent to
2. Click on the link to reset your password.
3. Save the new password.

OK

You will receive an e-mail with the subject "*SportsWareOnLine Password Request*".

Click the link under your name in this e-mail.

If you are a parent with multiple children in SportsWare under the same email address you will see multiple reset password links in this email. Be sure you are using the link associated with the child whose password you are looking to reset.

*If you do not see this email check your spam folder.

SportsWare OnLine Password Request



admin@swol123.net

To

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You received this e-mail because either:

- 1) You requested to reset your SportsWare Online password OR
- 2) You are an athlete who's request to Join SportsWare Online has been approved by the school and the next step is to set your password.

To reset your password, click the following link (or copy and paste it into a browser address bar)



RANDOLPH
COLLEGE

Enter your e-mail address, new password and confirm password. Make note of your school's password requirements.

Click the **SAVE** button.

If you are a parent with multiple children in SportsWare under the same email address you will need to use a unique password for each child.
All athletes must have a unique email/password combination.

RESET PASSWORD

Save

Online Access e-Mail

New Password

Confirm Password

Password Requirements:
Must be at least 5 characters long.

For further instructions please visit: <https://support.sportswareonline.com/portal/en/kb/swol>



RANDOLPH
COLLEGE

Student-Athlete Authorization/Consent for Disclosure of Protected Health Information Act (HIPAA)

(Student-Athletes Only)

I, _____, hereby authorize the Randolph College Student Health Center to release the Physical form information to the Athletic Training Staff. In the event of sudden emergent illness or injury, athletic department personnel may disclose my protected health information for that specific health situation to other athletic department personnel (coach), as well as Student Health Center personnel, and athletic training personnel of our opponents. I understand that other health issues and injuries that may affect my athletic performance will be disclosed only with my written permission to the specified individuals named and within a specified time frame for expiration.

This consent expires 545 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletic director of Randolph College. I understand that a revocation is not effective for any action that has/have already been taken in reliance on this consent.

Student-Athlete Name: _____

Student-Athlete Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if Student-Athlete is under the age of 18)



Student-Athlete Authorization/Consent for Disclosure of Protected Health Information to The National Collegiate Athletic Association (NCAA)

I, _____, hereby authorize Randolph College and its physicians, athletic trainers and healthcare personnel to disclose my protected health information including information regarding any injury, illness, treatment or participation related to or affecting my training for and participation in intercollegiate athletics to the National Collegiate Athletic Association (NCAA) and its designated employees, agents and/or contractors. I further authorize the NCAA to disclose and/or use such information as provided herein.

I understand that my participation and protected health information including, without limitation, injuries or illnesses resulting from or affecting training for or participation in athletics, may be disclosed to and/or used by the NCAA and any third party expressly authorized by the NCAA to receive such information for the purposes described in this paragraph. The information provides NCAA committees, athletics conferences and individual schools, and NCAA-approved researchers with injury, relevant illness and participation information that does not identify individual student-athletes or schools. The data provide the Association and other groups with an information resource upon which to base and evaluate the effectiveness of health and safety rules and policy and to study other sports medicine questions. Selected de-identified summary (aggregate) data also are made accessible to the general public as a service to further the general understanding of athletic injury patterns.

I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of the authorization/consent is voluntary and that my institution will not condition or withhold any healthcare treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA athletics.

I understand that while HIPAA regulations may not apply to the NCAA's use or disclosure of my injury/illness information, the NCAA is committed to protecting my privacy. I understand that the protected health information and any personal identifiers will be encrypted while being transmitted from my institution and, to the extent kept by the NCAA, that all such data will be stored securely within industry standards. I further understand that neither the NCAA nor its agents or contractors will identify me personally in any publication or disclosure of research results.

This authorization/consent for transfer of protected health information expires 545 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the director of athletics at my institution. I understand that a revocation takes effect on its request date and does not affect any action prior to that date.

Student-Athlete Name: _____

Student-Athlete Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if Student-Athlete is under the age of 18)



Randolph College Athletics Participation Waiver, Insurance Verification, & Medical Services Authorization

Randolph College requires that all intercollegiate student-athletes complete a yearly medical history and physical exam and sign a waiver release form. These forms are to be on file with the athletic trainer prior to beginning organized team practices and competitions. For first year and transfer student-athletes only, the Student Health Center will release a copy of the Health Information Form/Physical to the athletic trainer to fulfill the athletic physical requirement. By signing this document, you are submitting the release of the Health Information Form/Physical to the athletic trainer.

Randolph College also requires all intercollegiate athletes to have primary medical insurance coverage. Complete insurance information is to be submitted to the athletic trainer for verification. All uninsured individuals are ineligible to compete in intercollegiate athletics at Randolph College at any time during the year. Any changes in insurance coverage must be reported immediately to the athletic training staff.

It is important you understand that intercollegiate athletics are an inherently dangerous activity and that there are genuine and serious risks to anyone who engages in these activities. Due to the nature of sport and physical activity, you understand the risks involved include, without limitation, a full range of injuries, including catastrophic injuries resulting in permanent paralysis, brain injury or death. You knowingly assume responsibility for any and all such risks and all such injuries. And, in furtherance thereof, you do hereby voluntarily choose to participate in this sport and accept the risks as a condition of your participation.

By signing this form, you understand and authorize the Randolph College athletic department, which includes, but is not limited to coaches, Certified Athletic Trainers, the College Student Health Center, and physicians to assess and render medical care as they deem necessary. This agreement allows the College Student Health Center and the Athletic Training Staff to exchange health information as needed. In the event of an injury, you understand that medical payments will be the sole responsibility of you and your family, recognizing that your primary insurance and the College's secondary insurance are designed to cover expenses when proper protocols are followed. You acknowledge that injuries sustained outside of Randolph College supervised athletic events are not the responsibility of the College in financial terms, as well as staff manpower, rehabilitation, and athletic training services. You also accept responsibility for reporting, in a timely manner, injuries and illnesses to the institutional medical staff, including signs and symptoms of concussion.

I attest that I have read and understand the above statement and that I have fulfilled the medical history, physical exam, waiver, and insurance requirements. I choose to participate in Randolph College athletics with knowledge and acceptance of the inherent risks.

Student-Athlete Name: _____

Student-Athlete Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if Student-Athlete is under the age of 18)



Randolph College Athletics Agreement to Disclose Injuries or Illness Addendum

In consideration of being permitted to participate in the intercollegiate athletic program(s) at Randolph College, I agree to fully disclose to the Randolph College Athletic Training staff, which includes the student health services staff, team physicians, and/or medical consultants engaged by them, any and all signs and symptoms of injury/or illness, including concussions/mild traumatic brain injury about which I become aware. I agree to report any injury /illness at the time of occurrence.

I understand that any disclosed information will be utilized for the purpose of safeguarding my health as it pertains to my participation in intercollegiate athletics and academics at Randolph College. I also understand that any disclosed information will be treated as confidential healthcare information and will only be shared with those directly involved in decisions related to my participation in Randolph College athletics and academics.

I also verify that I have been given information pertaining to the signs/symptoms, prevention, and care of concussions/mild traumatic brain injury as required by the NCAA.

Student-Athlete Name: _____

Student-Athlete Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if Student-Athlete is under the age of 18)



CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services.



2025-2026 Randolph College Athletics Student-Athlete Concussion Statement

I understand that it is my responsibility to report all injuries and illnesses to the staff Certified Athletic Trainer and/or Team Physician.

I have read and understand the NCAA Concussion Fact Sheet. (See Above)

After reading the NCAA Concussion fact sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to the
Initial staff Certified Athletic Trainer and/or Team Physician.

_____ A concussion can affect my ability to perform everyday activities, and affect
Initial reaction time, balance, sleep, and classroom performance.

_____ You cannot see a concussion, but you might notice some of the symptoms
Initial right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the
Initial injury to the staff Certified Athletic Trainer and/or Team Physician.

_____ I will not return to play in a game or practice if I have received a blow to
Initial the head or body that results in concussion-related symptoms.

_____ Following concussion, the brain needs time to heal. You are much more likely
Initial to have a repeat concussion if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage, and
Initial even death.

Sport(s): _____

Student-Athlete Name: _____ Date: _____

Student-Athlete Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if Student-Athlete is under the age of 18)



Randolph College Athletics Confirmation of Sickle Cell Trait Status

PLEASE REVIEW THIS CAREFULLY AS THIS IS A REQUIREMENT OF THE NCAA

In accordance with NCAA guidelines, Randolph College is required to obtain the sickle cell trait status from all intercollegiate student-athletes prior to participation in a sport without regard to risk factors. To fulfill this requirement, you must provide the Randolph College Athletic Training Staff with **actual lab results that clearly show if you are positive or negative**. A legible copy of your birth record showing hemoglobin solubility test is acceptable. A written confirmation of your sickle cell status from your physician does not meet the NCAA requirement of providing test results. Student-athletes will be unable to participate in any team activities without this verification.

In most cases, all student-athletes should have had a sickle cell trait status test performed at birth and should be able to obtain the results from their family physician or hospital of birth. In the event that you are unable to obtain your test results, you will be required to receive another sickle cell trait test at your own expense and provide the results thereafter. Please note that the sickle cell trait test may also be called a hemoglobin solubility test.

UPLOAD SICKLE CELL TEST RESULTS BEFORE July 15