

# BRYN MAWR ATHLETICS

## IMPORTANT INFORMATION ABOUT SICKLE CELL TESTING IF YOU THINK YOU MAY WANT TO PARTICIPATE IN ATHLETICS IN COLLEGE

BACKGROUND/INTRODUCTION: A number of exercise-related sudden deaths of college athletes have been linked to sickle cell trait. Although sickle cell trait is a common condition that is usually benign, during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or “sickle” shape), which can accumulate in the bloodstream and “logjam” blood vessels, leading to a collapse from the rapid breakdown of muscle starved of blood. Extreme exertion, increased heat, altitude and dehydration can aggravate this otherwise benign condition. Unless screened, most carriers and their families remain unaware whether they possess this trait. The National Collegiate Athletic Association (NCAA) requires that, before the first season during which they are eligible to compete, each Division III student athlete must either be tested for sickle cell trait or sign a waiver indicating that they have made an informed decision to decline such testing.

POLICY: Effective August 2013, student-athletes will not be eligible to participate in intercollegiate athletics at Bryn Mawr College unless they have submitted the results of a sickle cell test, or have signed a waiver indicating that they have read the educational materials attached to the waiver and declined testing. It is preferred that all student-athletes are tested so that they know their status, which will help them to protect their health and well-being during participation in athletics. The College strongly advises all student-athletes to consult with their parent or guardian before signing the waiver. If the student is a minor, the signature of the student’s parent or legal guardian is required. Documentation will be kept in the student’s medical record. Testing costs are the responsibility of the student-athlete.

One of the following options must be chosen. Include any documentation if necessary:

- Copy of sickle cell **screening test result** attached. Date: \_\_\_\_\_
- Sickle cell **testing waiver** signed. Date: \_\_\_\_\_

\_\_\_\_\_  
Student-Athlete’s Name

\_\_\_\_\_  
Date of Birth

(See other side for testing waiver.)



# SICKLE CELL TESTING WAIVER

By signing this waiver I, \_\_\_\_\_, understand and acknowledge that the NCAA recommends that all student-athletes have knowledge of their sickle cell trait status, and requires that a sickle cell testing waiver be signed should a student-athlete decline to be tested for sickle cell trait. Additionally, I certify that I have read and fully understand the educational materials posted on the NCAA website for further information about sickle cell trait and sickle cell trait testing ([www.ncaa.org/wps/wcm/connect/public/NCAA/Health+and+Safety/Sickle+Cell/Sickle+Cell+Landing+Page](http://www.ncaa.org/wps/wcm/connect/public/NCAA/Health+and+Safety/Sickle+Cell/Sickle+Cell+Landing+Page)).

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to the Bryn Mawr College Athletic Department. I do not wish to undergo sickle cell trait testing and I voluntarily agree to release, discharge, indemnify and hold harmless Bryn Mawr College, its officers, employees, agents and their successors and assigns from any and all costs, claims, damages or expenses, including attorney's fees, arising from any loss or personal injury that might result from my refusal to be tested.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Student-Athlete's Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport(s):

\_\_\_\_\_  
Parent/Guardian's Signature (if under 18 years of age)

\_\_\_\_\_  
Parent/Guardian's Print Name

\_\_\_\_\_  
Date

