I. NCAA Division I Legislative Council has recently passed a mandate requiring ALL student-athletes to 1.) show proof of a prior sickle cell test, 2.) have a sickle cell test performed, or 3.) sign a waiver releasing the University from liability if declining a sickle cell test. I understand I will not be able to participate in any SHSU sponsored athletic activity until one of the three options is provided to the SHSU medical staff.

II. I have read the sickle cell “Fact Sheet” on the reverse side of this document and understand it is not a complete or exhaustive list of possible complications/issues. Further as a participant in this sport, I acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen or prevented even though reasonable precautions are taken. I understand that I have the personal responsibility to follow the established safety rules and procedures set forth and established by the Sam Houston State University coaching staff, athletic trainers, and physicians, for this condition/disease. Also, I understand that if I feel the risks associated with participating in this sport are too great, I can discontinue my participation at any time, and no longer be associated with this particular Sam Houston State University athletic program.

III. Because I desire to play intercollegiate athletics for Sam Houston State University, and in consideration of the University’s willingness to accept me as an intercollegiate team member; allowing me to participate in accordance with the policies governing intercollegiate athletics, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns, or any other persons claiming by or through me, I do hereby FOREVER WAIVE, RELEASE, AND RELINQUISH any and all claims, demands, causes of action, liabilities, costs or expenses (including, but not limited to, attorneys’ fees) (all the foregoing being referred to collectively as “Claims”), against the San Houston State University, the President of SHSU, any past, present and future members of the Texas State Board of Regents, any officer, employee, representative, or agent of SHSU, any team physician, athletic trainer or coach, and any entity associated with, or controlled by, SHSU. The waiver and release set forth herein waives and releases any and all Claims under any federal or state law, as well as any common law cause of action, whether in contract, tort, or any other legal theory.

IV. I ____________________________, the undersigned voluntarily consent to take a sickle cell test and/or provide documentation of a prior test.

   (Print name of Student-Athlete)

CONSENT: ____________________________

   (Student-Athlete Signature)          (Date)

   ____________________________

   (Parent/Guardian Name – if under 18)  (Parent/Guardian Signature)  (Date)

V. I ____________________________, the undersigned, voluntarily decline to take a sickle cell test and fully release Sam Houston State University from all liability as mentioned in section III.

DECLINE: ____________________________

   (Student-Athlete Signature)          (Date)

   ____________________________

   (Parent/Guardian Name – if under 18)  (Parent/Guardian Signature)  (Date)
Sickle Cell Disease
Sickle cell disease (SCD) is a group of inherited red blood cell disorders. Healthy red blood cells are round, and they move through small blood vessels to carry oxygen to all parts of the body. In SCD, the red blood cells become hard and sticky and look like a C-shaped farm tool called a “sickle.” The sickle cells die early, which causes a constant shortage of red blood cells. Also, when they travel through small blood vessels, they get stuck and clog the blood flow. This can cause pain and other serious problems.

Sickle Cell Trait
HbAS - People who have this form of sickle cell disease inherit one sickle cell gene and one normal gene. This is called sickle cell trait. People with sickle cell trait usually do not have any of the symptoms of the disease and live a normal life, but they can pass the disease on to their children.

Diagnosis
Sickle cell trait is diagnosed with a simple blood test. People at risk of having sickle cell trait can talk to a doctor or health clinic about getting this test.

Data & Statistics
Sickle cell disease affects millions of people throughout the world and is particularly common among those whose ancestors come from sub-Saharan Africa, Spanish-speaking regions in the Western Hemisphere (South America, the Caribbean, and Central America), Saudi Arabia, India, and Mediterranean countries such as Turkey, Greece, and Italy.

In the United States
- SCD affects an estimated 70,000 to 100,000 Americans.
- The disease occurs in about 1 out of every 500 African Americans births.
- The disease occurs in about 1 out of every 36,000 Hispanic Americans births.
- Sickle cell trait occurs in about 1 in 12 African Americans.

Complications
It is possible for a person with sickle cell trait to experience complications of sickle cell disease, such as splenic sequestration, "pain crisis," and, rarely, sudden death.

Hand-Foot Syndrome
This is usually the first symptom of SCD. Swelling in the hands and feet, often along with a fever, is caused by the sickle cells getting stuck in the blood vessels and blocking the flow of blood in and out of the hands and feet.

Treatment
Pain medicine and fluids, such as water.

Pain "Episode" or "Crisis"
This is the most common complication, and the top reason that people with SCD go to the emergency room or hospital. When sickle cells travel through small blood vessels, they can get stuck and clog the blood flow. This causes pain that can start suddenly, be mild to severe, and can last for any length of time.

Prevention
There are simple steps that people with SCD can take to help prevent and reduce the number of pain crises:
- Drink plenty of water.
- Try not to get too hot or too cold.
- Try to avoid places with high altitudes (flying, mountain climbing, or cities with a high altitude).
- Try to avoid places or situations with low oxygen (mountain climbing or exercising extremely hard, such as in military boot camp or when training for an athletic competition).

Anemia
This is a very common complication. With SCD, the red blood cells die early. This means there are not enough healthy red blood cells to carry oxygen throughout the body. When this happens, a person might have:
- Tiredness
- Irritability
- Dizziness and lightheadedness
- Fast heart rate
- Difficulty breathing
- Pale skin color
- Jaundice (yellow color to the skin and whites of the eyes)
- Slow growth
- Delayed puberty

Prevention
Adults with severe sickle cell disease can take a medicine called hydroxyurea to help reduce the number of pain crises.
- People taking hydroxyurea must be checked often by a doctor because the medicine can cause serious side effects, including an increased risk of dangerous infections.

Acute Chest Syndrome
This can be life-threatening and should be treated in a hospital. It is similar to pneumonia and symptoms include chest pain, coughing, difficulty breathing, and fever.

Prevention
Adults with severe SCD can take a medicine called hydroxyurea to help prevent acute chest syndrome. People taking hydroxyurea must be watched closely because the medicine can cause serious side effects, including an increased risk of dangerous infections.
A person who is on bed rest or has recently had surgery can use an incentive spirometer, also called "blow bottle," to help prevent acute chest syndrome.

Treatment
Depending on the cause, treatment might include oxygen, medicine to treat an infection, medicine to open up blood vessels to improve blood flow, and blood transfusions.

Splenic Sequestration
This can be life-threatening and should be treated in a hospital. It happens when a large number of sickle cells get trapped in the spleen and cause it to suddenly get large. Symptoms include sudden weakness, pale lips, fast breathing, extreme thirst, abdominal (belly) pain on the left side of body, and fast heart beat.
Parents of a child with SCD should learn how to feel and measure the size of their child’s spleen.

Prevention
For those who have had a very severe, life-threatening episode of splenic sequestration or who have had many episodes in the past, it might be necessary to have regular blood transfusions or the spleen can be removed (called splenectomy) to stop it from happening again.

Treatment
Treatment typically is a blood transfusion.