

MEREDITH COLLEGE ATHLETIC TRAINING

***Please keep this letter for your records in the instance an injury occurs

Reporting Injuries and Referral for Care

As the Head Athletic Trainer at Meredith College it is my responsibility to ensure the safety of each student-athlete. This can only be accomplished when there is a line of communication between all parties (athlete, parent, coach, physicians, and myself). All injuries and illnesses should be reported to the Head Athletic Trainer as soon as possible prior to seeking medical care, unless it is an emergency situation. Illnesses that do not need referral from the Athletic Trainer such as non-athletic injuries should also be reported so that appropriateness of physical activity can be determined. It is important that the Athletic Trainer be made aware of any medications or restrictions that could influence a student-athlete's well being. **Athletic related injuries that are not reported to the Head Athletic Trainer prior to seeking medical care will not be eligible for coverage under our secondary athletic insurance policy.** Referrals made through my office will be done to ensure the best possible care for your daughter. A referral form will be sent with the student-athlete to any medical visit to establish communication between myself and the medical professionals providing care.

Clearance Following Medical Care

All athletes referred for medical care of an injury or illness will be required to provide a written clearance to the Head Athletic Trainer from the treating Physician stating permission to return to intercollegiate athletics. If clearance has not been obtained, the athlete may be limited in activity or held from practice or competition. **If you are under a physician's care over the summer for an injury or illness, you must bring a letter stating any restrictions, medications, or treatment plans to your orthopedic physical.**

Assumption of Risk

By participating in intercollegiate athletics, a student assumes certain risks and responsibilities in addition to those assumed by the institution. These include an obligation to safe conduct during practice and competition and a strict adherence to the rules of sport, which are designed to safeguard the well being all participants. Each student-athlete has an obligation to inform the Athletic Trainer and Team Physicians of any medical problems encountered on or off the field of play. To acknowledge that you recognize the risks associated with participation in intercollegiate athletics, you are to read and sign the ASSUMPTION OF RISK form and return with the other paperwork.

Insurance Coverage and the Billing of Athletic Injury Care

We are all aware of the spiraling medical costs over the last several years. At Meredith College we strive to provide the best possible medical care for each student-athlete. We encourage preventative conditioning programs and provide routine medical care through our Certified Athletic Trainer, Campus Health Center, and Team Physicians. However, there is a risk of injury in athletic participation which may require diagnostic tests or medical treatment which may require referral to an off campus specialist.

When an athlete becomes ill or injured, the college has a primary medical plan that will cover all students up to \$2,000 for any medical treatment. If costs exceed the \$2,000 limit, your personal insurance will be billed for the additional costs. Meredith College Athletics provides insurance that will pick up any costs (up to \$65,000 per injury) that your personal insurance does not cover,

provided the injury occurred under the National Collegiate Athletic Association guidelines. The NCAA rules define permissible medical expenses and does not allow payment by an institution for any injury or illness that is not the direct result of supervised practice, conditioning, or competition.

If you currently have coverage, either on yourself or under your parents, we highly recommend that you maintain that coverage as long as the policy permits for full-time students/dependents. **If you do not currently have personal medical insurance, you must obtain coverage prior to any athletic participation. This coverage must have a minimum limit of \$50,000. An Athletic Insurance Policy option is available to you through the College at a cost of \$660 per year if needed. Verification of enrollment will be necessary.**

All questions pertaining to insurance and billing of medical expenses should be directed to Ruth Pearce, Head Nurse, Carroll Health Center at (919) 760-8535.

You are to fill out the PERSONAL DATA FORM (yellow sheet) and provide a photocopy of both sides of your insurance card and return with all other medical information. If your insurance plan has a prescription drug plan, please provide a photocopy of this as well. If your insurance plan changes at any point during the year, please contact the Head Athletic Trainer with new information so your file can be kept current.

If you have any questions please do not hesitate to call me at 919-760-8462, or email me at malleys@meredith.edu.

**ASSUMPTION OF RISK WAIVER AND INDEMNITY AGREEMENT FOR
PARTICIPATION IN INTERCOLLEGIATE ATHLETICS**

NAME: _____ SPORT (S): _____

This document shall address dangers and risks of participation in basketball, soccer, softball, tennis, and volleyball.

I intend to participate in Intercollegiate Athletics at Meredith College. I certify that I am medically sound and have been examined by a board-certified physician prior to my participation. I am aware of and voluntarily assume all risks and dangers to property and myself (including, but not limited to: accidents, injury, illness, death, damage, or destruction) to which I may be exposed to by participation in the above named intercollegiate sport(s). Further, I assume such risks regardless of their cause, which may include, but are not limited to, failure to enforce rules or regulations; failure to inspect equipment, personnel, or facilities; failure to supervise any persons; accidents occurring during travel to and from games or performances held at other sites; and the negligence of others. I understand that Meredith College does not require me to participate in these activities. I do so voluntarily, despite the possible dangers and risks (cited and uncited), and despite this warning and waiver. The following includes descriptions and examples of specific, significant, non-obvious dangers and risks associated with each given sport activity.

Read and initial each sport you intend to participate in while attending Meredith College.

_____ **Basketball:** I recognize the dangers and risks to which I am exposed while participating in basketball, including, but not limited to, the risk posed by undercutting my opposition or being undercut by my opponents. I also recognize the dangers inherent to contact with another player and with hard surfaces. Potential injuries include, but are not limited to, musculoskeletal injuries, head injuries, disfigurements, loss of vision, temporary or permanent loss of limb function, paralysis, and death. According to the NCAA, the ankle (23%), the knee (18%), and the foot (6%) received the majority of injuries during the 1997-1998 season.

_____ **Soccer:** I recognize the dangers and risks to which I am exposed while participating in soccer. Cleated shoes are not allowed to have any sharp sections. The value of shin guards and braces are recognized. I will wear the protective equipment necessary for my reasonable safety during games and practices. Potential injuries include, but are not limited to musculoskeletal injuries, head injuries, disfigurements, loss of vision, temporary or permanent loss of limb function, paralysis, and death. The ankle and the knee historically receive the greatest percentage of injuries.

_____ **Softball:** I recognize the dangers and risks to which I am exposed while participating in softball. I recognize the dangers to which I am exposed posed by sliding, a fast moving ball, a thrown bat, or collision. I understand the importance of wearing gloves and a batting helmet. I am responsible for my protective equipment and maintaining its safety and operating condition. I will bring any defective equipment to the attention of my coaches. I will wear the protective equipment necessary for my reasonable safety during games and practices. Potential injuries include, but are not limited to musculoskeletal injuries, head injuries, disfigurements, loss of vision, temporary or permanent loss of limb function, paralysis, and death. I understand that injuries most often occur to the shoulder, ankle, and knee.

_____ **Tennis:** I recognize the dangers and risks to which I am exposed while participating in tennis. I recognize the dangers of injuries to my face and eyes from playing the net, the possibility of being struck by a racket, and colliding with objects in the environment, including other players, fencing, and court structures. In particular, I realize pollen, leaves, water, and stray balls can make the courts slippery and dangerous. I will take precautions to avoid or eliminate such hazards. Potential injuries include, but are not limited to musculoskeletal injuries, head

injuries, disfigurements, loss of vision, temporary or permanent loss of limb function, paralysis, and death.

_____ **Volleyball:** I recognize the dangers and risks to which I am exposed while participating in volleyball. I realize that spiking may cause severe face or eye injuries and/or a head injury. I recognize the importance of wearing protective pads and the danger of contacting the floor which may result in floor burns, finger and hand injuries, strained muscles, contusions, lacerations, or sprains. Serious injuries may arise from contacting the floor, the equipment on the court, or other players. I will wear the protective equipment necessary for my reasonable safety during games and practices. Potential injuries include, but are not limited to musculoskeletal injuries, head injuries, disfigurements, loss of vision, temporary or permanent loss of limb function, paralysis, and death.

_____ **Cross Country:** I recognize the dangers and risks to which I am exposed to while participating in cross country. I realize that some of these risks include joint sprains, muscle strains and possible bone fractures from acute or chronic injuries. I am also aware of the dangers of running on and off campus on different paths and terrains. Potential injuries include, but are not limited to musculoskeletal injuries, head injuries, disfigurements, loss of vision, temporary or permanent loss of limb function, paralysis, and death.

Furthermore, I will note all weather conditions and assume all risks arising from such conditions if practicing alone. I will also note the condition of the field/court and assume all risks relating to its use by myself and others. I acknowledge that mouth guards are not mandatory in contact activities, although they do provide protective value. I further authorize Meredith College to seek and render emergency medical treatment on my behalf in connection with my participation in the said activities. I acknowledge and agree that Meredith College will assume no responsibility for, and shall be released from any claim or liability relating to any injury or damage, which might arise out of or in connection with such authorized medical treatment.

In consideration of, and in return for the services, facilities, and other assistance provided to me by Meredith College in one or more of the activities identified above, I shall indemnify, defend and save harmless Meredith College, its trustees, officers, agents and employees from all liability, loss, cost, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me as a result of negligence on the part of Meredith College trustees, officers, agents, employees, or other participants, or by others as a result of my own negligence or intentional acts, during my participation in this activity (including travel to and from any activity site). I agree to assume and take on myself all risks and responsibilities in any way associated with these activities.

I have carefully read this Assumption of Risk Waiver and Indemnity Agreement, fully understand its contents, voluntarily sign it, and realize that it will legally bind me, my heirs, and my personal representatives. I recognize that this Waiver means I am giving up, among other things, rights to bring suit against Meredith College, trustees, officers, agents, and employees for injuries, damages or losses I might incur. No oral representation, statements, or inducements have been made with regard to this waiver or the activity.

Athlete's signature or Parent/Guardian if under 18

Date

Witness

Date

NOTE: This agreement is valid from the date of signature through termination of participation in Intercollegiate Athletics at Meredith College

PERSONAL DATA—INSURANCE—EMERGENCY CONTACTS

This form is used in case of an emergency and will travel with the teams, therefore all information must be provided. If any information is not applicable, please indicate the reason (ex. Divorced, unknown, etc.)

Name _____ ID# _____ Date of birth ___/___/___

Sport(s) _____ School/local address _____

Your cell phone(____) _____ Parents cell phone(____) _____

Local/campus phone(____) _____ Parents home phone (____) _____

Parent's address _____

City/State/Zip _____

Emergency contact (other than parents):

Name _____ Phone(____) _____ Relationship _____

Father's Information:

Name _____ SS# _____

Employer _____ Phone(____) _____

Employer address _____

Mother's Information:

Name _____ SS# _____

Employer _____ Phone(____) _____

Employer address _____

Medical Insurance Information:

Name of policy holder _____

Name of provider _____

Policy# _____

Group or ID# _____

Family Physician _____ Phone(____) _____

Physician's address _____

Please list any medications you are currently taking _____

Do you have any drug allergies? (list) _____

Do you have any other allergies? (list) _____

Student-Athlete signature

Date

Parent/Guardian signature (if under 18)

PRE-PARTICIPATION MEDICAL HISTORY

Name _____ SS# _____
Home Address _____
Home Phone (____) _____ Sport(s) _____
Parents Names _____ Family Physician _____
Date of Birth ____/____/____ Age _____ Expected Graduation Year _____

Explain any "Yes" answers on the back of the page (include the question number).

- | | | |
|---|------------------------|---|
| 1. Have you ever had any surgery or been hospitalized for any reason? | Y | N |
| 2. Are you presently under a doctor's care, on medication, or have any other medical problems? | Y | N |
| 3. Do you have any allergies to medications, bee stings, foods, or other substances? | Y | N |
| 4. With exercise, have you ever passed out, been dizzy, or had chest pain? | Y | N |
| 5. Have you ever been told you have high blood pressure? | Y | N |
| 6. Do you tire more quickly than your friends during exercise? | Y | N |
| 7. Have you ever had unexplained racing of your heart or skipped beats? | Y | N |
| 8. Has anyone in your family died of heart problems, or suddenly before age 50? | Y | N |
| 9. Do you have any skin problems (itching, rashes, etc)? | Y | N |
| 10. Have you ever had a serious head injury, been knocked out, or had a seizure? | Y | N |
| 11. Have you ever had a "burner", "stinger", or pinched nerve? | Y | N |
| 12. Have you ever been dizzy, passed out or had heat cramps due to heat? | Y | N |
| 13. Do you use any special equipment (mouthguard, eye protection, etc) for athletics? | Y | N |
| 14. Do you wear glasses, contacts, or have problems with your eyes? | Y | N |
| 15. Do you have only one of a paired organ (eyes, ovaries, kidneys)? | Y | N |
| 16. Age of your first period _____ | | |
| 17. List all medications you take on a daily basis _____ | | |
| 18. Have you ever sprained, strained, dislocated, fractured, had swelling, or seen a doctor for any of the following bones or joints (please indicate which side, type of injury, and when injury occurred): | | |
| Head/Neck _____ | Elbow/Wrist/Hand _____ | |
| Back _____ | Shoulder _____ | |
| Hip/Thigh _____ | Shin/Lower Leg _____ | |
| Knee _____ | Ankle/Foot _____ | |

I hereby state that my answers to these questions are correct to the best of my knowledge.

Signature of athlete (if over 18 years old)

Date

Signature of Parent/Guardian

MEDICAL INFORMATION RELEASE

Name (please print) _____

Meredith College Student Health Center

I hereby request and authorize the Meredith College Student Health Center to release a copy of admissions physical and all other pertinent information regarding my medical or physical health to the Head Athletic Trainer in the Meredith College Athletic Department. This information will be kept in my athlete medical file and held in confidence.

Student-athlete signature

Date

Parent/Guardian signature if under 18 years old

Date