

TO: New Student-Athletes and Parents
FROM: Rob Dicks, Director of Athletic Training
RE: New Student-Athlete Forms

This packet contains vital information that **MUST** be submitted to the LaGrange College Athletic Training Staff prior to **ANY** on-campus involvement in LaGrange College Athletics. Please complete by typing **ALL** information in boxes provided prior to printing for signature.

The insurance information page should be completed using information from the student-athlete's primary medical insurance card(s). You may also list secondary medical insurance information if applicable. Please make a legible photocopy of the front and back of the insurance card(s) and affix to the information sheet after completion and printing. If the student-athlete does not carry an insurance card, it may be wise to access a copy of the card before he/she arrives on campus in case of illness or injury not associated with athletics. **Also, it may be wise to change HMO or PCP coverage temporarily to this region to expedite medical claims as smoothly as possible.**

If the student-athlete has no primary insurance coverage, please follow the instructions at the bottom of page 4 carefully. Note that this section must be signed by a **notary public**.

Please mail all completed forms and the copy of the insurance card(s) to:

Attn: Rob Dicks
Director of Athletic Training
LaGrange College
601 Broad Street
LaGrange, GA 30240

Please submit the completed packet by July 15th.

Once we have received the completed paperwork, we will contact you if any issues arise. In regards to physicals, all incoming LC student-athletes are asked to take part in the scheduled pre-participation exams given here at LaGrange College with our team physicians. This is for LaGrange College Athletic Training use. If you receive an EOB (Explanation of Benefits) from your primary insurance provider, please forward that information directly to me. You are not responsible for any charges. **(No out of Pocket Charges will be assessed).**

Should you have any questions, please email me at rdicks@lagrange.edu or call me at 706 880 8099. Thank you for your help in taking care of this matter promptly.

Name _____

Sport(s) _____

Please type/write Yes or No in each blank space. **Explain ALL "Yes" answers below**

YES/NO

1. **Have you had a medical illness or injury since your last check up or sports physical?** _____
2. Do you have an ongoing or chronic illness? _____
3. Have you ever been hospitalized overnight? _____
4. Have you ever had surgery? _____
5. **Have you ever been tested for Sickle-Cell? If yes, explain your diagnosis below?** _____
6. **Are you missing any paired organs, extremities, etc? If so, explain below.** _____
7. Have you ever been diagnosed with Asthma or Exercise Induced Asthma? If so, explain below _____
8. Do you cough, wheeze, or have trouble breathing during or after activity? _____
9. Are you currently taking any prescription or nonprescription medications or using an inhaler? _____
10. Are you taking any supplements or vitamins to help you gain or lose weight or improve your performance? _____
11. **Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?** _____
12. Have you ever had a rash or hives develop during or after exercise? _____
13. Do you get tired more quickly than your friends do during exercise? _____
14. **Have you ever had high blood pressure or high cholesterol?** _____
15. **Has any member or relative died of heart problems or sudden death before age 50?** _____
16. Have you ever been diagnosed with a heart murmur? _____
17. **Have you ever become ill from exercising in the heat?** _____
18. Have you ever had chest pain during or after exercise? _____
19. Have you ever had racing of your heart or skipped heartbeats? _____
20. Have you ever passed out during or after exercise? _____
21. Have you ever been dizzy during or after exercise? _____
22. **Have you had a severe viral infection (for example mononucleosis) within the last 6 months?** _____
23. **Has a physician ever denied or restricted your participation in sports for any heart problems?** _____
24. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? _____
25. **Have you ever had a head injury or concussion? If so, how many and when was the most recent?** _____
26. Have you ever been knocked out, become unconscious, or lost your memory? _____
27. **Have you ever had a seizure?** _____
28. Do you have frequent or severe headaches? _____
29. Have you ever had numbness or tingling in your arms, hands, legs, or feet? _____
30. Have you ever had a stinger, burner, or pinched nerve? _____
31. Do you have seasonal allergies that require medical treatment? _____
32. Have you had any problems with your eyes or vision? _____
33. Do you wear glasses, contacts, or protective eyewear? _____
34. Do you use any special protective or corrective equipment (i.e., knee brace, foot orthotics, or mouthpiece)? _____
35. Have you ever had a sprain, strain, or swelling after injury? _____
36. Have you broken or fractured any bones or dislocated any joints? _____
37. Have you any other problems with pain or swelling in muscles, tendons, bones, or joints? _____
38. Have you ever had any problems with any of the following structures?

Head_____	Neck_____	Back_____	Chest_____
Shoulder_____	Upper Arm_____	Elbow_____	Forearm_____
Wrist_____	Hand_____	Finger_____	Hip_____
Thigh_____	Knee_____	Shin/Calf_____	Ankle_____
Foot_____	Toe_____		
39. Are you unhappy with your present weight? _____
Do you lose weight regularly to compete in your sport? _____
40. Record the dates (month, year) of your most recent immunizations (shots) for:
Tetanus_____ Meningitis_____ Hepatitis B_____ Chicken Pox_____

FEMALES ONLY

41. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Explain "Yes" answers here: Make sure to include side of body and dates of injury. Use other side if more space is needed:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature _____

Date _____

Medical Insurance Information

I. Refer to your insurance card for this information. If you do not currently have medical insurance, Check "None" and follow instructions at the bottom of the page. In the event of any change or lapse in primary insurance coverage, **it is the student-athlete's responsibility to notify the Athletic Training Staff immediately. Not doing so, may result in student-athlete/parents' incurring out-of-pocket expenses.**

Full Legal Name _____ Social Security Number _____

Date of Birth _____ Sport(s) _____

Insurance Plan Type (Check One): HMO PPO None Other: _____

Insurance Company _____ Policy/ID Number _____

Claims Address _____ Customer Service Number _____

Policy Holder's Full Name _____ Relation: _____

Policy Holder's SS# _____ Policy Holder Date of Birth: _____

Employer _____ Employer Address (city, state) _____

Please copy the front and back of your insurance card and affix it below.

Front	Back
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II. Parents of student athletes with no primary medical insurance:

You must complete the information below and have this sheet signed by a notary public to confirm that your son/daughter does not have any primary insurance coverage. (Not having primary insurance may not disqualify a student-athlete from participating, but not completing this form will).

Parent's Full Name _____ Date of Birth _____

Employer _____ Employer's Phone Number _____

Employer's Address _____ City _____ State _____

Does parent/guardian have primary insurance coverage? Yes ___ No ___

Parent/Guardian Signature _____ Date _____

Notary

Date

Assumption of Risk

I, _____ (PLEASE PRINT), verify that I have been informed that I may be injured while participating in any intercollegiate athletic practice or competition. I understand that it is possible that I may sustain an injury which may result in permanent disability, paralysis, or possibly death. I understand that paralysis may include loss of movement, feeling, and use of my arms, legs, and trunk. I further understand that paralysis may involve the complete loss of sexual function, and/or bowel and bladder control which would require the use of external aids that are attached or inserted into my body for the collection and removal of body wastes. I understand that paralysis and its effects could last my entire lifetime.

In addition, I understand that an injury to any of my body joints (ankle, knee, hip, spine, shoulder, etc.) may result in disfigurement, loss of movement, strength, or feeling which may last my entire lifetime.

I understand that it is my responsibility to adhere to all the rules and regulations of my chosen sport. I understand that any infraction of these rules and regulations may result in injury to my opponent or me. I also understand that no modification of protective equipment or uniform should be made.

In addition, I understand that it is my responsibility to report faulty or poor fitting equipment immediately to the coach, equipment manager, or athletic trainer.

I understand that all injuries and illnesses are to be reported to the athletic training staff promptly. I understand that I am responsible for the follow-up medical care and treatment of my injuries under the supervision of the athletic training staff.

I accept these risks of athletic participation in _____ (Sport) during the 20__ - 20__ season.

Authorization & Liability Release

I _____ (Please Print), give authorization to LaGrange College athletic training staff and/or other affiliated medical consultants to administer an NCAA required Pre-participation physical exam. I do recognize that being examined by said group of physicians, nurses, or other allied health workers, that the examination cannot be as comprehensive as one performed in a private physician's office and thus may not detect potentially significant health conditions which might be problematic in sports participation. I further release said group from any liability if injury should occur.

Authorization to Treat and Care

I give authorization to the athletic training staff and/or medical consultants to evaluate and treat any injuries that occur during my participation in athletics at LaGrange College. I understand the team physician has the authority to eliminate me from further participation because of an injury or illness because of an undue liability risk to LaGrange College.

Printed Student-Athlete's Name: _____

Student-Athlete's Signature: _____

Student-Athlete's Date of Birth: _____

Signature of Parent/Guardian: _____
(If Student-Athlete is under 18)

Date: _____

LaGrange College Athletic Training Insurance Statement

The undersigned student, wishing to participate in LaGrange College intercollegiate athletic competition in the sport of _____, has been fully advised that LaGrange College furnishes to participants in the intercollegiate competition program an accident insurance program providing excess coverage for the athletic program for the school year. (This means that your insurance, or your parents', must pay first on any claim.) The terms, conditions, benefits, and exclusions of this policy are available in writing in the Business Office of the college.

The undersigned acknowledges that the insurance described above constitutes the entire insurance coverage furnished by LaGrange College and that the College assumes and has no further liability for any loss, injury, damage, or other expense to or incurred by the undersigned due to participation in the LaGrange College Intercollegiate Athletic Program. The undersigned further specifically acknowledges and agrees that any injury or damage which is not covered under or paid by such insurance will not be the responsibility of LaGrange College but is and will be the sole responsibility of the undersigned.

Student-Athlete's Signature _____

Print Name _____

Social Security Number _____

Date _____

LaGrange College Athletic Training Parent Insurance Statement

TO: PARENTS OF STUDENT-ATHLETES

RE: INSURANCE AND ATHLETIC INJURIES

1. Due to the high price of liability coverage LaGrange College has found it necessary to have excess coverage for athletic injuries, rather than primary coverage. This means that all injury claims must first be filed with the student's and/or parents' insurance carrier. Those expenses not paid by the student's or parent's insurance are then submitted to LaGrange College for consideration by our insurance carrier. LaGrange College's limits of liability are \$25,000 for medical expenses and \$1,000 for dental expenses.
2. LaGrange College's liability coverage for athletic injuries applies only to the practice or play of intercollegiate athletics. Injuries occurring during intramural or pick-up games are not covered.
3. **A second opinion may be obtained only with the knowledge and consent of the Director of Athletic Training. LaGrange College will not be responsible for any cost associated with an unapproved second opinion. Continued treatment for injuries seen by unapproved second opinions is at the discretion of the Head Athletic Trainer.**
4. Please make sure that your child has complete information on your insurance coverage, including the name and address of the carrier, the name of the insured and all necessary policy, group, or contract numbers. He/she will need to give this information to the doctor or hospital in case of injury. Your child would, of course need this information for any illness or injury that required medical care.
5. **Our local doctors and hospital usually will send copies of their claim forms and bills to LaGrange College. Please make sure that all bills are filed with your insurance carrier(s). When you receive the explanation of benefits (EOB) from your insurance company, please send a copy of the EOB to LaGrange College. We can then consider any balance remaining for payment. If we do not hear from the parents after an athletic injury, we assume their insurance company has paid in full.**
6. Please complete the information on the following page to acknowledge receipt of the above information. That page should be returned to the LaGrange College Athletic Training. Please keep this page for your information.
7. If you have any questions please contact Rob Dicks, Director of Athletic Training, at 706 880 8099.

Thank you.

TO: Parents of Student-Athletes:

Due to the high price of all types of liability coverage LaGrange College has found it necessary to have excess coverage for athletic injuries, rather than primary coverage. This means that all injury claims must first be filed with the student's and/or parents' insurance carrier. Those expenses not paid by the student's or parents' insurance are then submitted to LaGrange College for consideration by our insurance carrier. Payment is limited to a maximum of \$25,000 for medical expenses and \$1,000 for dental expenses due to accidental injury.

If your child has any other insurance besides that which has been already been given to the Athletic Training Staff, please provide that information below. If your child's insurance has changed since this information has been submitted, please provide the new information below as well. You must still sign and return this form even if there is no additional information or changes.

Please complete the items below to acknowledge receipt of this information about our insurance and that you are aware of the terms of our insurance. This page should be returned to the LaGrange College Athletic Training Staff. Thank you.

Student-Athlete's Name: _____

Parent's Signatures:

Date _____

LAGRANGE COLLEGE ATHLETIC TRAINING

Sickle Cell Trait Testing

About Sickle Cell Trait-

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition (>three million Americans).
- Although sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South/Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but 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 collapse from the rapid breakdown of muscles starved of blood.

Sickle Cell Trait Testing-

- The **NCAA** requires that all NCAA student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- The LaGrange College Athletic Department does not offer sickle cell trait screening as part of the pre-participation physical examination process.

Per the NCAA and LaGrange College Athletics, you are required to report sickle cell testing results. Please have your healthcare provider’s office complete the following information concerning your sickle cell trait status.

****To Be Completed and Signed By HealthCare Provider****

Student Athlete’s Full Legal Name: _____

Date of Sickle Cell Testing: _____

Results of Sickle Cell Testing: Positive _____ Negative _____

Are there any reasons why this person should not be allowed to participate in sporting activities, based upon the results of this blood test? _____ If so, explain _____

Please attach sickle cell testing results or signed statement from HealthCare provider’s office on Letterhead document. Student-Athlete WILL NOT participate without this documentation

Student-Athlete Signature: _____

Date: _____

**LaGrange College
Concussion Management
Student-Athlete Waiver and Acknowledgement of Risk**

I, _____ understand and accept the responsibility for reporting injuries and illnesses to the athletic training staff. I have been educated and informed of the signs and symptoms of concussions/brain injuries. I have watched a video on concussions and was provided with educational material concerning the seriousness of concussions/brain injuries. I understand the risk of playing with a concussion/brain injury, and I understand that it is my responsibility to report any signs of concussion to the athletic training staff as soon as they occur.

I understand the Concussion Management Policy and my responsibilities under it. I have decided voluntarily to participate in the intercollegiate athletics program as a member of the _____ team(s) at LaGrange College to which this Policy applies.

Print Student-Athlete Name

Date

Signature of Student-Athlete

Date

**LAGRANGE COLLEGE
SPORTS INFORMATION
PROFILE SHEET**

Name: _____

Sport: _____

Home Address:

Street _____ **City** _____

State _____ **Zip Code** _____

Parent's Names: _____

Home Telephone: _____

E-mail address (Parent's): _____

Birth date: _____ **Age:** _____

High School: _____

College Class (Circle One): FR SOPH JR SR

Declared Major (Upperclassmen required): _____

Hometown Newspaper: _____

High School/College Awards or Achievements:

