

**Wayne State College
Athletic Training Department**

Dear Student-Athlete and Parents/Guardians:

Welcome to Wayne State College and Wayne State Athletics! We are excited to have you participating in intercollegiate athletics at Wayne State College.

In order to provide quality health care to our athlete, we ask that you please take time to complete the following forms so we have an accurate medical file. These forms are the medical history questionnaire, pre-participation physical, insurance information, assumption of risk form and medical information release form. **All forms need to be filled out entirely and returned to the WSC Athletic Training Department no later than July 15.**

All student-athletes are required to carry health/medical insurance while participating in intercollegiate athletics at Wayne State College. Wayne State College carries a *secondary* policy to help defray some of the medical costs associated with athletic injuries. Please thoroughly read the insurance information included in this packet for details.

If you have questions regarding completion of the forms, personal insurance coverage requirements or WSC insurance coverage, please contact the Wayne State Athletic Training staff at (402) 375-7310. We look forward to working with you during your intercollegiate athletic career at Wayne State College.

Sincerely,

Athletic Training Staff
Wayne State College
1111 Main Street
Wayne, NE 68787
(402) 375-7310



**Wayne State College Athletic Training Department
Pre-Participation Form Check List for
Returning Athletes**



Please fill out all forms entirely. Below is a check list of forms that should be completed.

1. Student-Athlete Contact Information Form
2. Medical History Form
3. Physical Form (must be performed by an MD for all athletes)
4. Insurance Information Form
5. Copies of Insurance Cards (Front/Back)
 - a. Health/medical
 - b. Dental
 - c. Prescription
6. Assumption of Risk Form
7. Medical Information Release Form

Please return all completed forms **no later than July 15th** to the following address:

Wayne State College
Athletic Training Department
1111 Main Street
Wayne, NE 68787



Wayne State College Athletic Training Department Contact Information



Student-Athlete Information

Name: _____ Date: _____
Last First MI

Sport(s): _____ DOB: ____/____/____ SSN: _____ - _____ - _____

Home Address: _____
Street City State Zip

Home Phone # _____ Cell # _____ College # _____

College Address: _____
Street City State Zip

Parent/Guardian Information

Father/Guardian: _____ Mother/Guardian: _____

SSN: _____ SSN: _____

Address: _____ Address: _____

Home Phone # _____ Home Phone # _____

Cell Phone # _____ Cell Phone # _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Emergency Contact Information

Primary Emergency Contact: _____

Address: _____
Street City State Zip

Home Phone# _____ Work Phone # _____ Cell# _____

Relationship to Athlete _____

Secondary Emergency Contact: _____

Address: _____
Street City State Zip

Home Phone# _____ Work Phone # _____ Cell# _____

Relationship to Athlete _____

Wayne State College
Student-Athlete Health History Update

Name _____
Date of Birth _____

Year in School _____
Sport(s) _____

	Yes	No		Yes	No
Had serious injury/ been hospitalized?			Had an unfavorable/ allergic reaction to a drug, antibiotic, and/or medicine?		
Had a sprain/ strain and/or fracture?			Had a dental injury?		
Been unconscious for any reason other than anesthesia?			Do you have allergies?		
Had a concussion of head injury?			Sleeping problems?		
Had a neck injury?			Do you take medications for pain or a medical condition on a regular basis (>3 days a week)?		
Had a back injury or suffered from back pain?			Do you have an ongoing or chronic illness?		
Had a burner, stingers, numbness in the neck, shoulder and/or hand?			Had frequent headaches?		
Had a shoulder, elbow, and/or hand/wrist injury?			Experienced coughing, wheezing, shortness of breath, or breathing difficulties during or after exercise?		
Had a hip and/or knee injury?			Had an operation?		
Had a lower leg, ankle and/or foot injury?			Do you wear contact lenses, glasses, and/or safety glasses?		
Missed practice and/or game due to an injury and/or illness?			Have you had a history of anorexia, bulimia (forced vomiting) and/or any other eating disorders?		
Are you currently undergoing physical therapy or rehabilitation for an injury?			Do you require special equipment to participate in athletics?		
Been diagnosed with any new medical or surgical problem?			Have you ever been told by a physician to restrict your activity or not to participate in a sport?		
While exercising, has your heart ever "skipped" a beat, have you suffered from a "racing heart", severe chest pain, lightheadedness, or fainted?			Had a heat related illness (heat cramps, heat exhaustion, and/or heat stroke) and /or missed time / received special attention (IV fluids ect.) for a heat related problem?		
Been diagnosed with any NEW injuries and/or medical problems?			Do you take vitamins, amino acids, creatine, and/or any other dietary supplement on a daily basis and/or as needed?		
Been evaluated by a physician?			Been recently diagnosed with infectious mononucleosis (mono), hepatitis B or C, HIV/AIDS, and/or any other severe infectious disease/ viral infection?		
Have you ever felt dizzy, passed out or "blacked out" during or after exercise?			Been denied clearance by a medical professional to participate in any athletic activity?		

FEMALES ONLY

- Do you have irregular periods? Yes _____ No _____
 Do you have severe cramps? Yes _____ No _____
 Do you have excessive flow? Yes _____ No _____
 Have you ever been pregnant? Yes _____ No _____

If you answered yes to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail below.

I hereby state that the above information is true and accurate and understand that failure to record a past injury/condition can affect services rendered by Wayne State College as well as possible suspension

Student-Athlete Signature

Date

REVIEWED BY _____

Reviewer's Signature

Date



Wayne State College Athletic Training Department Pre-Participation Physical Form



Name: _____ High School: _____

DOB: ____/____/____

Sex: M / F

Age: _____

Vision: L _____ R _____	Height: _____
Pupils: L _____ R _____	Weight: _____
Glasses: Y / N Contacts: Y / N	Blood Pressure: _____ / _____
Eye Protection: Y / N	Pulse: _____ Resp: _____

Medical Exam

	Normal	Abnormal	Comments
HEENT Head			
Ears			
Mouth			
Throat			
Nose			
Dental			
Thyroid			
Lymphnodes			
Lungs			
Heart/Murmur			
Abdomen			
Genitalia			
Hernia			
Skin			
Body Fat % (opt)			
Urinalysis: Albumin: _____ Sugar: _____ Sp.Gr.: _____	Labs if indicated: _____		

Musculoskeletal Exam

	ROM	Strength	Reflexes	Flexibility
Cervical Spine			Biceps C5	Quadriceps
Shoulders			Triceps C7	Hamstrings
Elbows			Patellar L4	
Wrists/Hands/Fingers			Achilles S1	
Thoracic Spine/Ribs				
Lumbar Spine				
Hips				
Knees				
Ankles				
Feet/Toes				

Comments: _____

Clearance for Athletic Participation

Initial the following if acceptable:	Med Hx Norm: _____	Med Exam Norm: _____	Musculoskeletal Exam Norm: _____
Athlete is cleared to participate in:	Collision Sports: _____	Contact Sports: _____	Non-Contact Sports: _____
Reason for not clearing: _____	Modifications or exceptions: _____		

I certify that the athlete has been evaluated in the areas as indicated above to be physically fit to participate in intercollegiate athletics.

Physician Signature

Printed Name

Date

I do not know of any existing physical condition or additional health reason that would preclude my participation in sports. I hereby authorize the release the information contained in this document to the WSC Athletic Training staff. Upon written request, I may receive a copy of this document for my personal health care provider.

Student-Athlete Signature

Date

Parent Signature required if athlete is under 19

Date



Wayne State College Athletic Training Department
Assumption of Risk



I am aware that playing, practicing, training, and/or other involvement in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**, including, but not limited to the potential for catastrophic injury. I understand that the dangers and risks of playing, practicing, or training in any athletic activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. Because of the aforementioned dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff, strength and conditioning staff, and/or Athletic Training staff. Furthermore, I understand that the possibility of injury, including catastrophic injury, does exist even though proper rules and techniques are followed to the fullest. I also understand that there are risks involved with traveling in connection with intercollegiate athletics.

In consideration of Wayne State College permitting me to participate in intercollegiate athletics and to engage in all activities and travel related to my sport, I hereby voluntarily assume all risks associated with participation and agree to hold harmless, indemnify, and irrevocably and unconditionally release Wayne State College, and their officers, agents, and employees from any and all liability, any medical expenses not covered by the Wayne State College Department of Intercollegiate Athletics' medical insurance coverage, and any and all claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to intercollegiate athletics.

The terms hereof shall serve as release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I fully understand that this authorization shall be effective and valid for one year (52 weeks) after the termination of my playing and/or academic career at Wayne State College.

Student-Athlete Signature

Date

Parent's Signature required if Student-Athlete is under 19

Date



**Wayne State College Athletic Training Department
Authorization to Release Medical Information**



Name: _____
Last First MI

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ DOB: ____/____/____

I hereby authorize Wayne State College Athletic Training and A-G Administrators to inspect or secure copies of case history records, laboratory reports, imaging results and any other data covering this and/or previous confinements and/or disabilities. A photocopy of this authorization shall be deemed as effective and valid as the original. This authorization will automatically expire one year from the date signed. This authorization will be updated according to the academic year, not the calendar year. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance thereon.

 Student-Athlete Signature

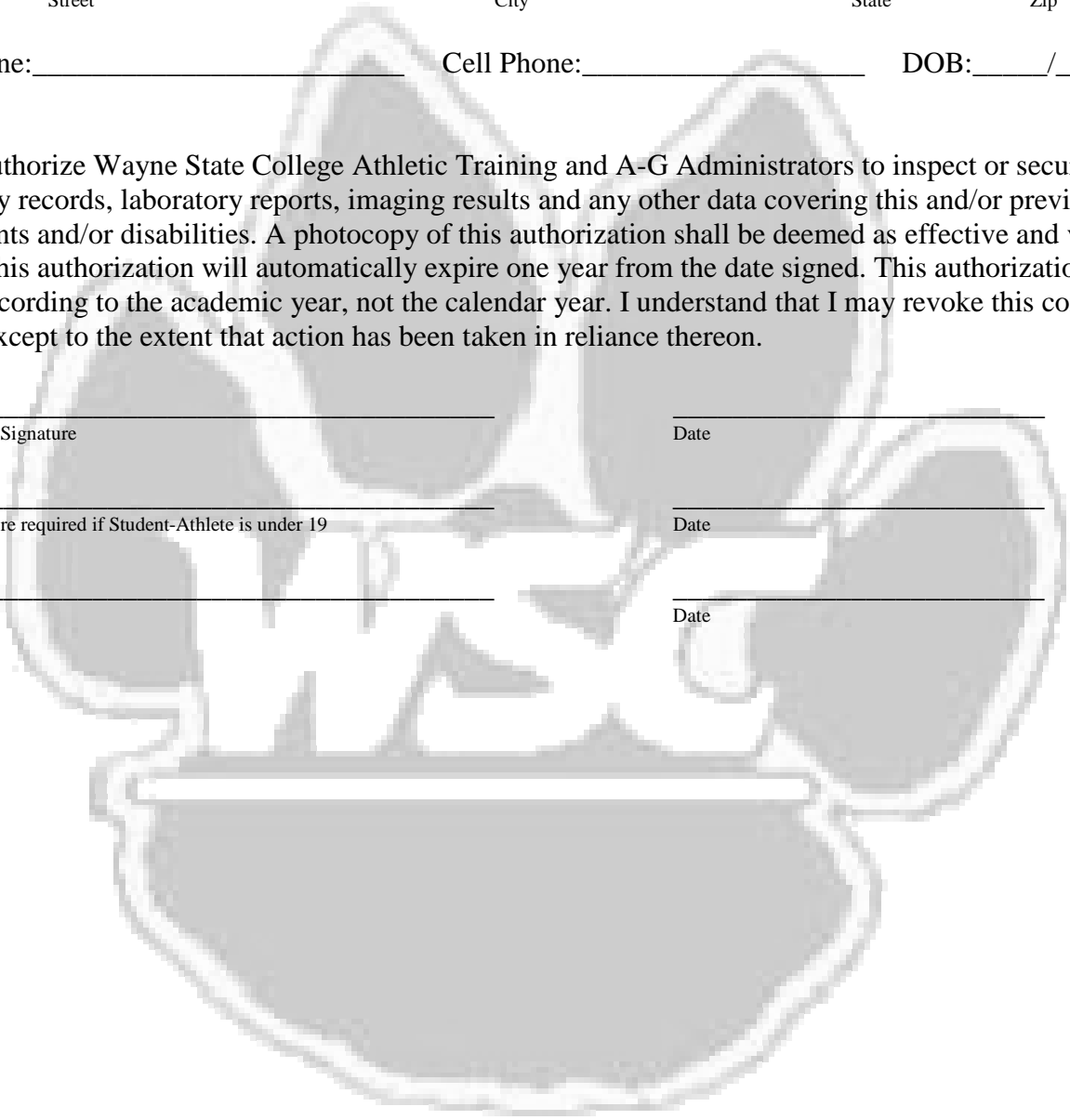
 Date

 Parent's Signature required if Student-Athlete is under 19

 Date

 Witness

 Date





**Wayne State College Athletic Training Department
Medical Insurance Information/Authorization**



Primary coverage for any intercollegiate athletic-related injuries is the responsibility of the student-athlete's personal or family insurance policy. The student-athlete must show proof of insurance before participating in any intercollegiate activity. The coverage WSC provides for your student-athlete for injuries sustained while participating or competing in intercollegiate athletics, is EXCESS coverage. This secondary policy has a **\$1,000 deductible** per injury which has to be met by either you or your insurance company. Wayne State College does not have the option of waving this provision.

A brief summary of the Wayne State secondary insurance policy is as follows:

1. The student-athlete must see a Wayne State college doctor to be eligible for a claim. If you wish to see any other physicians, dentists, optometrists, etc. the Head Athletic Trainer must approve this prior to you scheduling the appointment.
2. All claims must be filed within 120 days of the injury date or date of service.
3. The student-athlete must report the injury to the WSC athletic training staff in a timely manner so a record can be made in order to file a claim.
4. Covered injuries include: participation during a scheduled varsity event, practice or conditioning workout supervised by a coach. This does not include non-supervised workouts or injuries/illnesses that prevent participation in athletics if they were not directly caused by participation in athletics.
5. All claims must first be submitted to your personal insurance company prior to sending them to the WSC athletic training office.
6. In the event that the WSC insurance denies the claim for whatever reason, the remaining balance is considered your responsibility.
7. The WSC insurance policy has a 104 week statute of limitation from the date of injury.

The procedure for filing a claim with the Wayne State College insurance policy is as follows:

1. All claims will first be submitted to your personal insurance to be processed.
2. After your insurance has paid its portion, you will receive a bill from the provider with the remaining amount owed. Send this bill to the WSC athletic training office and it will be submitted to our insurance.
3. Processing a claim can take up to 4-6 weeks. This necessitates bills being submitted in a timely manner as we do not have the ability to negotiate with collections agencies. *If a claim is approved after you have paid a bill, the insurance company may authorize reimbursement.*
4. We recommend that you make a copy of this form for your records. We also recommend that you make a copy of all the bills you send to the WSC Athletic Training Department.

For more information, please contact the Wayne State athletic training office at (402) 375-7310.

I have read and understand the WSC summary of its supplemental athletic insurance policy and the procedure for filing a claim that may affect me as a parent/guardian and/or student-athlete.

Student-Athlete Printed Name

Student –Athlete Signature

Date

Parent/Guardian Signature Required

Date