



2007-2008

Piedmont College

Student-Athlete Information Package

Personal Information

Name _____

Social Security Number _____ Date of Birth _____

Athletic Eligibility (Circle One) FR SO JR SR Sex: Male Female

Sports To Participate In _____

Permanent Address _____

Phone Number (Include Area Code) _____

Email Address _____

Cell Phone Number _____

Emergency Contact Information

Name _____ Relation _____

Address _____

Phone Number _____

Name _____ Relation _____

Address _____

Phone Number _____

Personal Medical Insurance Information

*****Please attach a copy of your insurance card to this form*****

Athlete _____ Social Security Number _____

Sports To Participate In _____

Primary Insurance Company

If HMO please provide primary physician contact information:

Name _____ Phone _____ Address _____

Policy Holder _____ Social Security Number _____

Policy Number _____ Account Number _____

Group Number _____ Plan Number _____

Address To Mail Claims _____

Customer Service Phone Number _____

Secondary Insurance Company

Policy Holder _____ Social Security Number _____

Policy Number _____ Account Number _____

Group Number _____ Plan Number _____

Address To Mail Claims _____

Customer Service Phone Number _____

I understand that I am responsible for providing proof of primary insurance coverage in order to participate in intercollegiate athletics at Piedmont College. Piedmont College assumes no responsibility whatsoever for any uninsured expenses and requires that the student-athlete have coverage through a primary health insurer to avoid possible significant out-of-pocket expenses in the event of an injury. I also understand that I am responsible for maintaining primary insurance coverage throughout the year, and in the event of any change or lapse in my primary insurance, I will notify the Piedmont College Athletic Training Department immediately.

Student-Athlete's Signature

Date

Parent/Guardian Signature (if athlete is under 18 years of age)

Date

Piedmont College Injury Claims Procedures

As an additional benefit regarding student-athlete accidents, Piedmont College maintains excess medical coverage in the event of injuries received from an athletic event through no fault of their own. Piedmont College's liability insurance coverage applies only to the practice or play of intercollegiate athletics, however coverage is subject to specific policy terms and conditions and includes certain restrictions and exclusions of which you should be aware. If there are any further questions or concerns please contact the Piedmont College Athletic Training Department. The student-athlete should take the following steps after an accident has occurred:

1. The student should report the accident to the Athletic Training staff. All medical care associated with an athletic injury must be coordinated through the Piedmont College Sports Medicine department.
2. The student-athlete should file the claim on their insurance or their parents insurance first. **Your insurance policy is considered primary for all medical costs.** Piedmont College is the **secondary** insurance carrier and will consider most medical costs in excess to your primary insurance coverage, provided your deductible has been met.
3. Most medical providers will file the bills with your insurance company. If not, you should submit all bills to your insurance company first. They will do one of two things based on your policy:
 - A. Pay all or a portion of the bills.
 - B. Deny payment for services.
4. In each case you will receive an Explanation of Benefits from your insurance company. Remaining or unpaid charges should then be submitted, with an itemized statement and the EOB to:

Piedmont College Athletic Training
Attn: Jocelyn Glenn
165 Central Avenue
Demorest, GA 30535
Phone: (706) 778-3000 ext. 1204
Fax:: (706) 776-0145

The information will then be processed for payment. Due to the amount of time some insurance companies take in processing claims coupled with the aggressive methods in which some medical providers seek payment, please make sure to get the information to me as quickly as possible.

5. **It is your responsibility to gather and send the Head Athletic Trainer the EOB, medical bill, canceled check, and/or receipts. If we do not hear from the student-athlete or the parents after an athletic injury we assume their insurance company paid in full.**
6. The remainder of the bill is the student's responsibility unless Piedmont College's excess medical coverage carrier remits payment. **Note:** Under some circumstances Piedmont College's secondary insurance policy does not apply. If you would like to see a copy of the policy please see Jocelyn Glenn.
7. This information can also be found online at the official website of Piedmont College Athletics at www.piedmont.edu/athletics/training.htm

I have read and understand the terms for Piedmont College's Athletic Injury Claims Procedures:

Student-Athlete's Signature

Date

Parent/Guardian Signature (if athlete is under 18 years of age)

Date

Parent Information Form

Parent or Guardian to complete and return to:

Piedmont College
Attn: Jocelyn Glenn
165 Central Avenue
Demorest, GA 30535

This form is to allow Piedmont College to submit secondary claims to the Baker Agency for student-athletes who are injured in an athletic event through no fault of their own.

FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS.

NOTE: Complete all blanks with information or NA if not applicable.

1. **Name of Athlete** _____ Sport _____
College Address _____ Phone _____
City, State _____ Zip Code _____

2. **Father/Guardian** _____
Address _____
Employer _____
Phone _____ Social Security # _____
Insurance Company _____
Address _____
Phone _____ Policy # _____

3. **Mother/Guardian** _____
Address _____
Employer _____
Phone _____ Social Security # _____
Insurance Company _____
Address _____
Phone _____ Policy # _____

I hereby authorize Piedmont College and the Baker Agency of Plainwell, MI to inspect or secure copies of case history records, laboratory reports, diagnosis, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photo-static copy of this authorization shall be deemed as effective and valid as the original.

We authorize that Piedmont College or its insurance agent pay the medical vendors direct for any bills incurred from accidents that are covered under the coverage purchased by Piedmont College.

Parent Signature: _____

Student Signature: _____

Examination Date: _____

Pre-Participation Physical Exam

Sport(s): _____

Name: _____

Social Security #: _____ Circle one: FR SO JR SR

Health History

(To be completed by student and parents prior to examination)

Answer 'yes' or 'no' by each. Please explain and date recent occurrence.

1. _____ Chronic or recurrent illness? _____
2. _____ Illness lasting over one week? _____
_____ Mononucleosis? _____
_____ Hepatitis? _____
_____ Diabetes? _____
_____ Epilepsy/Convulsions? _____
_____ Marfan's Syndrome? _____
_____ Measles? _____
_____ Rheumatic Fever? _____
_____ Tuberculosis? _____
_____ Mumps? _____
_____ Sickle Cell Anemia? _____
3. _____ Hospitalization? _____
4. _____ Surgery other than tonsillectomy? _____
5. _____ Missing organs? (eye, kidney, testicle) _____
6. _____ Allergy to any medications, bee stings, hay fever, novocaine, etc.? _____

7. _____ Problems with heart, blood pressure, or treated for a heart condition? _____
_____ Dizziness or fainting during or after exercise? _____
_____ Chest pain, tightness, pressure, or discomfort during or after exercise? _____
_____ Do you get tired more quickly than your friends during exercise? _____
_____ Have you ever had high blood pressure or high cholesterol? _____
_____ Have you ever been told you have a heart murmur? _____
_____ Have you ever had racing of your heart or skipped heart beats? _____
_____ Have you had a severe viral infection (ie. myocarditis or mononucleosis) in the last year? _____
8. _____ Concussion or unconsciousness? _____
_____ How many times? _____ How long to make a complete recovery? _____
_____ How many times in one year? _____ How many games missed? _____
9. _____ Heat exhaustion, heat stroke, or other problems with heat? _____

10. _____ Dizziness, fainting, frequent headaches or convulsions? _____

Athlete's Name: _____

Does this athlete (please answer 'yes' or 'no'):

11. ___ Wear eyeglasses or contact lens? _____

12. ___ Wear dental bridges, braces, plates? _____

13. ___ Take any medication? If yes, explain. _____

Is there any history of (if yes, explain and date):

14. ___ Injuries requiring medical treatment for seizures, convulsions, or epileptic attacks? _____

15. ___ Neck injury? _____

___ Ever had an x-ray taken of neck or spine? _____

___ Ever had an injury producing weakness or numbness of either arms or legs? _____

16. ___ Knee injury? _____

17. ___ Knee surgery? _____

18. ___ Shoulder injury? _____

19. ___ Shoulder surgery? _____

20. ___ Ankle injury? _____

21. ___ Ankle surgery? _____

22. ___ Any other serious joint injuries? _____

23. ___ Broken bones (fractures)? _____

24. ___ Is there any reason why this athlete should not participate in sports? _____

Answer "yes" or "no" by each. Please explain any "yes" answer. Have any immediate family members ever had a history of any of these illnesses/injuries?:

25. ___ Has there ever been a sudden death of a family member under 50 years of age? _____

26. ___ Blood diseases? _____

27. ___ Diabetes? _____

28. ___ Cancer? _____

29. ___ Heart trouble? _____

30. ___ High Blood Pressure? _____

31. ___ Marfan's Syndrome? _____

32. ___ Hypertrophic Cardiomyopathy or IHHS? _____

32. ___ Other? _____

I hereby state that to the best of my knowledge my answers to all of the prior health history questions are complete and correct.

Student-Athlete Signature

Date

Parent/Guardian Signature

Date

Physical Examination

Name: _____

Date: _____

Height (Inches): _____

Weight: _____

Blood Pressure: _____

Pulse: _____

Vision Right ____/____ Left ____/____

Wears Glasses (please circle): Yes No

*** Please also review the Health History Form filled out by the student-athlete.**

	Normal	Abnormal	Not examined	Comments	Examiner	Problem Code
1. Eyes						
2. Ears, Nose, Throat						
3. Mouth and Teeth						
4. Neck (soft tissue)						
5. Cardiopulmonary						
6. Chest and Lungs						
7. Abdomen						
8. Genitals- Hernia						
9. Skin and Lymphatics						
10. Neck						
11. Spine						
12. Shoulders						
13. Arms and Hands						
14. Hips						
15. Thighs						
16. Knees						
17. Ankles						
18. Feet						
19. Neurological						

Based on this history and physical exam, the following abnormalities were found and may need treatment:

1. _____
2. _____
3. _____

Participation Recommendations

Athlete's Name: _____

1. **CLEARED**

There were no history or physical findings on this exam which would prohibit this athlete from participation in competitive athletics.

2. **CLEARED after completing evaluation/rehabilitation for:**

_____ This athlete should have the following health problems evaluated or treated prior to participating in competitive athletics: _____

3. **NOT CLEARED**

This athlete has health problems which would prohibit him/her from participating in competitive athletics.

Due to: _____

Recommendation: _____

Name of Physician: _____

Date: _____

Address: _____

Phone: _____

Signature of Physician: _____

Piedmont College

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to participate in the following event: _____

1. I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Piedmont College, Board of Trustees, their officers, servants, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that could be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity being conducted.

2. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER IT IS CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF REALEASEES or otherwise.

4. It is my expressed intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceases, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the state of Georgia.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent/ and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I have hereunto set my hand on this date.

Witness Signature

Participant Signature*

Date

Printed Witness Signature

Printed Participant Signature*

*Parent or guardian if under 18 years of age.

ASSUMPTION OF RISK STATEMENT

Athletic participation is a very rewarding experience for each individual who participates. Intercollegiate athletics at Piedmont College are very competitive and can lead to enjoyable experiences. I understand that by participating in intercollegiate athletics at Piedmont College there are certain risks and injuries inherent in my chosen activity. This may include but is not limited to common sprains and strains to paralysis and death. I agree to participate in a safe manner and follow the instructions of the athletic staff. I understand the importance of rules and procedures as well as the necessity of using proper techniques. Furthermore, I understand that the possibility of a catastrophic injury does exist even though the above are followed to the fullest.

Student-Athlete's Signature

Date

Parent/Guardian Signature (if athlete is under 18 years of age)

Date

CONSENT FOR TREATMENT AND RELEASE OF MEDICAL INFORMATION

I, _____, give my permission to be evaluated and treated by Piedmont College's sports medicine staff which may include, but is not limited to the Athletic Training Staff, Team Physician(s), Specialists, hospital, clinic, or any other medically related facility as requested by the sports medicine staff, if I become injured or ill while participating in intercollegiate athletics at Piedmont College.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or any other medical or medically related facility or other organization that has any records or knowledge of me or my health to make such information available upon request to Piedmont College, its representative, or Piedmont College's insurance carrier.

I hereby authorize Piedmont College to file insurance claims on my behalf on injuries resulting while participating in intercollegiate athletics at Piedmont College.

Student-Athlete's Signature

Date

Parent/Guardian Signature (if athlete is under 18 years of age)

Date

Piedmont College Athletics Notice Of Privacy Practices

Effective August 1st, 2007

This notice describes how medical information about you may be used and disclosed. Please review it carefully. If you have any question please contact our Head Athletic Trainer at the address or telephone number at this notice.

This Notice serves as the notice required under Federal law to be given to student-athletes by Piedmont College. As a student-athlete at Piedmont College, you have the right to privacy concerning your medical plan care. Medical record information and our relationship with your medical staff are considered private. Your diagnosis and course of treatment are available only to those directly involved with your care. Unless you tell us otherwise, we will make every effort to give your family medical updates as appropriate. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all of the records of your care that we maintain, whether created by college physician or your doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to keep medical information about you private, give you this Notice of our legal duties and privacy practices with respect to medical information about you and follow the terms of the Notice that is currently in effect.

We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods). We may disclose medical information and/or **participation status to athletic coaches and strength and conditioning coaches for you health and safety**. We may disclose information to university administrators and academic counselors **to support your academic progress**. We may release information to **sports information staff and members of the media regarding your participation status**.

Regarding your medical information, you have the right to look at or get a copy of medical information that we use to make decisions about your care. You have the right to a personal representative to assist you in reviewing your medical information. If you believe that information in your records is incorrect or incomplete, you have the right to request that we amend the records. You have the right to a list of those instances where we have disclosed medical information about you, other than treatment, payment, health care operations or where you specifically authorized a disclosure. You may request in writing, that we do not use or disclose medical information about you for specific cases or circumstances.

We reserve the right to change the terms of this Notice at any time. Changes will apply to medical information we already hold, as well as new information we receive after the change occurs. If we change our Notice, we will post the new Notice in our athletic training facilities and on our Web site at www.piedmont.edu. You can receive a copy of the current Notice at any time. The effective date is listed just below the title above. You will also be asked to acknowledge in writing your receipt of this Notice on our Student-Athlete Authorization/Consent for Disclosure of Protected Health Information form.

If you have questions regarding your privacy rights, you may contact our Head Athletic Trainer at this address: 165 Central Avenue, Demorest, GA 30535 or call 706-778-8500 Ext. 1204

Piedmont College Athletics Student-Athlete Authorization/Consent For Disclosure of Protected Health Information

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel representing Piedmont College to release information regarding my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics. This protected health information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, parents/guardians, hospitals, and/or medical clinics and laboratories, athletic coaches, strength and conditioning coaches, medical insurance coordinators, insurance carriers, medical supply vendors, and/or service companies, academic counselors, athletic and/or College administrators, chaplains and or clergy members, NCAA Injury Surveillance System, sports information staff and members of the media.

I understand that my authorization/consent for the disclosure of my protected health information is a condition for participation as an intercollegiate athlete for Piedmont College. I understand that my protected health information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that once information is disclosed per my authorization/consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I understand that I may revoke this authorization/consent at any time by notifying in writing the Head Athletic Trainer, but if I do, it will not have any effect in actions that Piedmont College took in reliance on this authorization/consent prior to receiving the revocation. The authorization/consent expires six (6) years from the date it is signed.

Name of Student-Athlete (Print or Type)

Signature of Student-Athlete

Date

Social Security Number of Student-Athlete

Date of Birth of Student-Athlete

Signature of Parent/Legal Guardian (if student-athlete is under 18 years of age)

Date