



(Keep for your personal records)

August 1, 20\_\_

Dear Participant or Parent of the Fort Lewis College Club Sport Participant;

We are very pleased to have you (or your son or daughter) participate in our Fort Lewis College (FLC) Club Sports Program. We are very proud of our program and will make every effort to make it a quality experience and educationally sound.

However, there is the situation in one area of our program over which we have little control. That concern is the area of medical insurance as it relates to INJURIES SUSTAINED WHILE PARTICIPATING IN CLUB SPORTS. We cannot afford to allow our student-athletes to participate in Club Sports without insurance coverage. Unfortunately, the cost to Fort Lewis College for this type of insurance is becoming astronomical.

It has become evident that the majority of group major medical (health/accident) insurance plans have a substantial deductible and normally 80% coverage. Due to these costs, it is necessary for us to MANDATE that all Club Sport participants carry a personal health insurance plan, or be included on a family major medical health accident policy. This policy must provide comprehensive all-inclusive major medical coverage for Club Sports, and MUST BE ABLE TO APPROVE SERVICES AND PAY PROVIDERS IN THE DURANGO AREA. In case of an injury, YOU, the hospital, or physician's office will file the claim with your insurance carrier.

We, at Fort Lewis College, do not have the option of waiving this provision. Therefore, we must ask you to provide us with information concerning the insurance you carry for yourself or your son or daughter.

Please complete the enclosed forms and return them to the Club Sports Director, Brandon DenHartog. These forms **MUST** be on file before you or your son or daughter will be allowed to participate in our Club Sport(s).

The Fort Lewis College Medical Staff would like to have a complete medical history of all participants. This will assist us in providing the best possible care for your son or daughter while they participate as a FLC Club Sport participant. Please submit medical records for ALL major injuries or illnesses that have occurred in the past five years.

Please notify the FLC Club Sports Director of any modifications in your insurance coverage, employment status, home address or other personal demographics that may change during the course of the year. This will expedite the process of contacting you in the event of an emergency.

Thank you for your cooperation,

Brandon DenHartog  
Club Sports

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VERIFICATION OF VALID INSURANCE COVERAGE FORM

Dear Club Sport Participant and Parents,

I wish to take this opportunity to introduce the medical staff / services available in the Durango area. It is imperative that your son or daughter's medical coverage **MUST BE ABLE TO APPROVE SERVICES AND PAY THESE PROVIDERS**. In addition to the Fort Lewis College athletic medical staff, our Club Sports program will have access to numerous physicians that have made a significant commitment to the College with their professional time facilitating the care of the student population as a whole but particularly the evaluation and treatment of athletic injuries and illnesses. Their involvement has significantly improved the ability to evaluate and treat any particular medical concerns in an efficient and timely manner.

Mr. Wayne Barger, ATC is the Head Athletic Trainer at FLC. He has been here for multiple years. He came to Fort Lewis College from the University of New Mexico where he had been an Assistant Head Athletic Trainer and Curriculum Instructor for ten years. His experience in athletic training at national and international competitions assists the FLC student-athlete to attain personal levels of success.

**Animas Orthopedic Associates** has a group of orthopedic physicians and staff that understand the special circumstances often involved with athletic injuries and the importance of communication with the patient, family and athletic trainer. Dr. Field Blevins is a board certified, fellowship-trained, orthopedic surgeon with special interest and expertise in sport medicine, knee and shoulder injuries.

**CONTACT AND GAIN APPROVAL FOR AT LEAST ONE OUT OF THE FOUR MEDICAL SERVICES BELOW TO VERIFY THAT YOUR INSURANCE COVERAGE WILL BE ACCEPTED SHOULD AN INJURY OCCUR.**

**Contact number for Animas Orthopedic Associates approval of services: (970)-259-3020**

Yes No Animas Orthopedic Associates approved services and pay providers for my all-inclusive major medical coverage

**Durango Orthopedic Associates** a local group of orthopedic physicians is committed to providing quality Orthopedic and Rehabilitative care to the Four Corners region. Their orthopedic physicians are certified or board eligible by the American Academy of Orthopedic Surgery. Dr. Dan Levene has specific fellowship training and interest in the care and treatment of sports-related injuries.

**Contact number for Durango Orthopedic Associates approval of services: (970)-247-5362**

Yes No Durango Orthopedic Associates approved services and pay providers for my all-inclusive major medical coverage

Dr. Joe Murphy is a Board Certified Family Practitioner affiliated with **Valley-Wide Health Services** (formerly Durango Animas Family Medicine) and Mercy Medical Center (MMC). He has been affiliated with Fort Lewis College for over 16 years and provides clinic services at the Student Health Center on campus. His affiliation with Valley-Wide Health Services and MMC provides for a full range of medical services.

**Contact number for Valley-Wide Health Services approval of services: (970)-247-3144**

Yes No Valley-Wide Health Services approved services and pay providers for my all-inclusive major medical coverage

**Mercy Medical Center** (MMC) is a 111-bed full service hospital and provides services that support 36 medical specialties. MMC works closely with the FLC Athletic Training Department to assure personalized support and care for all athletes.

**Contact number for Mercy Medical Center approval of services: (970)-247-4311**

Yes No Mercy Medical Center approved services and pay providers for my all-inclusive major medical coverage

If you have any questions regarding the athletic medical services provided or the athletic insurance programs, please do not hesitate to call.

Club Sports Director

**INSURANCE INFORMATION & PARENT'S AUTHORIZATION FORM**

Dear Participant, Parent, and Medical Provider;

Currently there is no "EXCESS or SECONDARY" insurance for your son or daughter for injuries occurring while participating in practice or competition of Club Sports. This means that any claims for benefits must be filed with the primary insurance company providing coverage to your son or daughter.

PLEASE NOTE: Most employers' group insurance allows dependent coverage to be continued until age 23 if the dependent is a full time student. DO NOT drop dependent coverage while your son or daughter is participating in Club Sports.

**PLEASE PRINT**

**Participant Information**

Participant's Full Legal Name: \_\_\_\_\_ Sport Club: \_\_\_\_\_

Local Address (Street, City, State, Zip Code): \_\_\_\_\_

Local Telephone: (\_\_\_\_) \_\_\_\_\_

Participant's ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male or Female

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_

Home Address (Street, City, State, Zip Code): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone: (\_\_\_\_) \_\_\_\_\_

Employer's Address (Street, City, State, Zip Code): \_\_\_\_\_

**Insurance Information**

(*check one*)

\_\_\_\_ Parent/Guardian Provided Insurance Coverage for Participant

\_\_\_\_ Participant Personal Insurance Coverage

Insurance Company: \_\_\_\_\_

Claims Address (Street, City, State, Zip Code) \_\_\_\_\_

Claims Telephone: (\_\_\_\_) \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Deductible: \_\_\_\_\_ Co-pay % \_\_\_\_\_

Is your son or daughter covered under the above policy? Yes No

Does your insurance require pre-authorization for services? Yes No Telephone # (\_\_\_\_) \_\_\_\_\_

Does your insurance require a second opinion for surgery? Yes No

Is your insurance a: PPO HMO Other: \_\_\_\_\_

Name of Provider Physician: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

***AUTHORIZATION TO FILE UNDER PRIMARY PLAN (check one)***

\_\_\_\_ I hereby authorize a claim to be filed on my behalf under the above medical insurance policy in the event an athletic injury is sustained by my son or daughter named above.

\_\_\_\_ My son or daughter carries his/her own health insurance policy.

To all physicians, medical professionals, hospitals, clinics, other health care providers, insurers, employers, group policyholders, insurance support organizations, and other persons who have information about the patient. I permit the release of any medical information about me to Brandon DenHartog, Club Sports Director and Wayne Barger, ATC, FLC Head Athletic Trainer. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past. I certify that all the information is true and correct to the best of my knowledge.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(*parent signature required for all participants under 18 and those with insurance coverage through parents*)

**AGREEMENT TO PARTICIPATE AND RELEASE**

**ACTIVITY:** \_\_\_\_\_ **COLLEGE SPONSOR** \_\_\_\_\_ **CLUB SPORTS** \_\_\_\_\_  
(e.g., conference name, field trip name) (e.g., ASFLC, Outdoor Pursuits)

I have read a description of the activity, and am aware that participation in the activity of \_\_\_\_\_  
(e.g., skiing, rock climbing, kayaking, traveling)

can be dangerous and may involve **RISK OF INJURY or DEATH**. I understand that by participating in the sport identified above, I may be exposed to risks and dangers, such as Acts of God, inclement weather, environmental conditions, equipment malfunction, acts of a third party, etc. I further understand that my participation in this activity, as well as travel to and from related events, may result in serious injury and may impair my future abilities to earn a living or to engage in other business, social and recreational activities. Given all of these risks, however, I still intend to participate in this activity.

By my signature below, I hereby release and hold harmless the State of Colorado, the Board of Trustees for Fort Lewis College, and Fort Lewis College, its officers, faculty, employees and agents (collectively Fort Lewis College), from any and all liability that may arise from my participation in the above-referenced activity. I further agree not to sue, or otherwise assert claims, against Fort Lewis College arising from the above-referenced activity. I further understand and represent that:

1. This document has specific legal implications and I have had the opportunity to have counsel review this document before I have signed;
2. (Check only one)  
 I am eighteen years of age or older, and of sound mind  
(Parent/Guardian Signature & Notary Not Required)  
**- or -**  
 I am under eighteen years of age and cannot participate without my Parent or Guardian's consent as required below (Parent/Guardian Signature & Notary Required);
3. While participating in this activity, I am subject to all Fort Lewis College policies and procedures, including The Student Conduct Code; I will follow directions and guidelines from Fort Lewis College staff.

\_\_\_\_\_  
FLC Club Sport Participant – Signature

\_\_\_\_\_  
Parent/Guardian – Signature (if required, must be notarized)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Address/Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## STUDENT ROSTER AND STUDENT PERMISSION TO RELEASE INFORMATION

NOTE: **Information on this form is made available for use by local and regional media by Fort Lewis College. This information is vital for news releases and feature stories.** PLEASE PRINT NEATLY!!!

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By checking the "Yes Box" next to my name below, I hereby give Fort Lewis College permission to use my name and my photograph in media guides, news releases and other publications, and to release directory information about me to the media or other third parties. If I check the "No Box," I may still participate, but understand that any information about me other than directory information will not be released to the media or other third parties. If I want to place a confidentially hold on all of my information, including directory information, I understand I need to do so at the Registrar's Office.

\_\_\_\_ YES

\_\_\_\_ NO

\_\_\_\_\_  
Name - Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name - Signature