



(Keep for your personal records)

August 6, 2008

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,

Club Sports Director

Keep for your personal records

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** _____
(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

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!!!

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

**Fort Lewis College
Club Sports
Medical History Form**

(MUST turn into Health Center)

Name _____

First

Last

Middle

Club Sport _____ SSN _____ Birth Date _____

Permanent Address _____

Street Address

Telephone

City

County

State

Zip

School (local) Address _____

Street Address

Telephone

Sex _____

Religion _____

Race _____

Marital Status _____

Emergency Contact Person _____

Address _____ Telephone _____

Family Physician _____

Address _____ Telephone _____

To Be Completed by FLC Student Health Center Staff:

Weight _____ Height _____ Pulse _____ BP _____

Vision (L) _____ Uncorrected/Corrected: Contacts or Glasses

(R) _____

To Be Completed by FLC Club Sport Participant:

INSTRUCTIONS: Mark the appropriate answer. When the reply is "YES", give date of injury or treatment. Please indicate as near as possible the anatomical site of the injury (i.e. left or right).

Diseases and Illnesses

- YES NO Have you ever been tested for sickle cell anemia/trait? The results were:
- YES NO Have you ever experienced an epileptic seizure or been informed that you might have epilepsy?
- YES NO Have you ever had hepatitis, which type and when?
- YES NO Have you ever been treated for any infectious disease(s) during the past 12 months?
- YES NO Have you ever been treated for diabetes?
- YES NO Have you ever been told you have a heart murmur? Heart disease or heart trouble?
- YES NO Have you had chest pain or discomfort with exercise?
- YES NO Has exercise caused fainting or near fainting or excessive, unexpected or unexplained shortness of breath or unexplained fatigue?
- YES NO Have you had any fainting spells? If yes, give dates:
- YES NO Have you ever had or been treated for elevated blood pressure?
- YES NO Do you have a family history of premature death (sudden or otherwise)?
- YES NO Have any close relative(s) younger than 50 years of age had significant disability from cardiovascular disease?
- YES NO Have you ever had a kidney disease, bladder problem, or painful urination?
- YES NO Are you susceptible to frequent colds or sore throats?
- YES NO Have you ever had an ulcer?

- (MUST turn into Heath Center)
- YES NO Have you ever had asthma?
- YES NO Have you ever had tuberculosis?
- YES NO Have you ever had appendicitis or an appendectomy?
- YES NO Have you ever had arthritis?
- YES NO Have you ever had a hernia or rupture?
- YES NO Have you ever had hives?
- YES NO Have you ever had any allergies?
- a. Hay Fever _____ Specify _____
- b. Drugs _____ Specify _____
- c. Foods _____ Specify _____
- d. Poison Ivy or Oak _____
- e. Other _____
- YES NO Are you allergic to bee stings or insect bites?
- YES NO Have you had any illness requiring bed rest of one week or longer during the past three years? If so, give date and nature of illness:

Head and Neck Injuries

- YES NO Have you ever been “knocked out” or experienced a concussion during the past five years? If yes, give dates:
- YES NO If the answer to the above question is yes, have you been “knocked out” more than once? Give dates:
- YES NO If the answers to the above two questions are yes, did the attending physician have you stay overnight in a hospital?
- YES NO Have you ever had a jammed neck, pinched nerve, whiplash, severe headache or blackouts? If so, when?
- YES NO Have you ever had a broken blood vessel in the throat area? If so, what happened? Give dates:

Eyes and Dental

- YES NO Do you wear glasses?
- YES NO Do you wear contact lenses?
- YES NO If the answer to either of the above two questions is yes, do you wear them during Club Sport participation?
- YES NO Do you have extra sets of contact lenses?
- YES NO Do you have only one set of eyeglasses?
- YES NO Do you have loss of sight in either eye? If yes, which one?
- YES NO Do you wear any dental appliance (i.e. permanent bridge, permanent crown or jacket, removable partial or full plate)? If yes, describe:
- YES NO Do you have any dead teeth? Please indicate approximate location:
- YES NO Do you have any teeth missing? If yes, how many and where?
- YES NO Do you ever wear a mouthpiece?

Bone and Joint

- YES NO Have you ever had a fracture during the last two years? If yes, indicate site of fracture and date:
- YES NO Have you ever been treated for Osgood-Schlatter’s disease (painful bone development below the knee)?
- YES NO Have you ever been treated for calcium deposits? If yes, give location:
- YES NO Do you have calcium deposits now? If yes, give location:
- YES NO Have you ever had a shoulder dislocation, separation, or other injury? Describe:
- YES NO Have you ever been advised to have surgery to correct a shoulder condition?
- YES NO If the answer to the above question is yes, has surgery been performed? Give date:
- YES NO Have you ever experienced an injury to your throwing arm, elbow or shoulder?
- YES NO Have you ever experienced a severe sprain, dislocation or fracture to the fingers? If yes, give date:
- YES NO Have you ever experienced a severe sprain, dislocation or fracture to either elbow during the past two years? If yes, give date:
- YES NO Have you ever had an injury to your back?
- YES NO If the answer to the above question is yes, did you seek the advice or care of a medical doctor or chiropractor?

(*MUST turn into* Health Center)

- YES NO Do you experience pain in the back? If yes, indicate frequency with which you experience pain (i.e. very seldom, occasionally, frequently, only during/after vigorous exercise):
- YES NO Do you think your back is weak?
- YES NO Have you experienced a strain during the past two years of either knee with severe swelling accompanying the injury?
- YES NO Have you ever been told that you injured the ligaments of either knee joint?
- YES NO Have you ever been told that you injured the cartilage of either knee joint?
- YES NO Have you ever been told that you have a “trick knee”?
- YES NO Have you ever been advised to have surgery to a knee to correct a condition?
- YES NO If the answer to the above question is yes, has surgery been performed? Give date:
- YES NO Have you ever experienced a severe a sprain of either ankle during the past two years?
- YES NO Do you have a pin, screw or plate somewhere in your body as a result of bone or joint surgery? If yes, indicate anatomical site and date of injury:
- YES NO Have you ever had any injury to the neck involving nerves, vertebrae, or vertebral discs?
- YES NO Have you ever had a bone graft or a spinal fusion? If yes, indicate site:
- YES NO Have you ever had synovial fluid (water in the knee or elbow) removed?

General

- YES NO Have you ever experienced heat exhaustion and/or heat stroke? If yes, when?
- YES NO Have you ever experienced hyperventilation?
- YES NO Have you had any operations during the past five years? If yes, indicate anatomical site of operation and date:
- YES NO Have you ever been advised by a medical doctor not to participate in sports? If yes, for what reasons?
- YES NO Are you currently on prescribed medications or drugs? If yes, indicate name of drug and reason for prescription:
- YES NO Have you had any organs removed during the past 12 months? If yes, list them:
- YES NO Do you experience any problems with menstruation? If yes, please describe:
- YES NO Do you have irregular menstrual cycles?
- YES NO Are you currently and routinely taking an oral contraceptive? If yes, how long have you been taking them (months, years)?
- YES NO If the answer to the above question is yes, what is the name of the brand and manufacturer?
- YES NO Are you using an IUD at the present time as a method of birth control? If yes, what type?
- YES NO Do you have frequent nosebleeds?
- YES NO Are you prone to any conditions in sports such as blisters, shin splints, etc? If so, please describe:
- YES NO Have you required any special adhesive taping, wrapping, or protective devices (braces) for participation in sports? If yes, indicate and give details:
- YES NO Have you ever had muscle spasms? If yes, indicate where and date:
- YES NO Do you have any physical or mental condition(s) not mentioned above for which you have or have not received treatment?
- YES NO Are you currently taking any medications (including anabolic steroids, growth hormones)? If yes, indicate medication and dosage:

All of the above questions have been answered completely and truthfully to the best of my knowledge.

Signature of Club Sport Participant _____ Date _____

**Fort Lewis College
Club Sports
Medical History Form
Update**

(MUST turn into Health Center)

Name _____

Last

First

Middle

Sport _____ SSN _____ Birth Date _____

Permanent Address _____

Street Address

Telephone

School (local) Address _____

City

County

State

Zip

Street Address

Telephone

To Be Completed by FLC Student Health Center Staff:

Weight _____ Height _____ Pulse _____ BP _____

Vision (L) _____ (R) _____ Uncorrected/Corrected: Contacts or Glasses

To Be Completed by FLC Club Sport Participant:

Instructions: Mark the appropriate answer. When the reply is yes, give date of injury or treatment. Please indicate as near as possible to anatomical site of the injury (i.e. left or right).

- YES NO Have you ever been tested for Sickle Cell Anemia/trait? The results were:
- YES NO Have you suffered any illness in the past year? If so, explain:
- YES NO Have you been hospitalized during the past year? Explain:
- YES NO Have you suffered from an injury (athletic or otherwise) during the past year? If so, explain:
- YES NO Have you suffered any bone or joint injury (as a result of athletics or otherwise) during the past year? If so, explain:
- YES NO Have you had surgery in the past year? If so, explain:
- YES NO Has your vision changed in the past year? If so, explain:
- YES NO Have you injured any of your teeth in the past year? Explain:
- YES NO Are you currently taking any medications (including anabolic steroids, growth hormones)? If so, give name of medication and dosage:

***DO NOT WRITE BELOW THIS LINE
SUMMARY OF PREVIOUS YEAR'S ATHLETIC INJURIES***

Date _____ Injury _____