INSURANCE COVERAGE FOR STUDENT-ATHLETES

NCAA regulations state that all student-athletes must provide evidence of insurance that includes coverage for athletically related injuries. This is a mandatory requirement prior to practice and competition. Your insurance should have coverage for athletically related injuries to a minimum of $90,000. This requirement may be met by either presenting evidence of coverage through a family plan or other private program, or by electing to take the student health insurance plan offered by the University through Health Services.

The Clark University has a secondary athletic injury insurance policy, which pays medical expenses for a covered claim to a maximum of $90,000 with a $1,000 deductible per injury. In the event of a covered varsity or designated club sports related injury, the injury must be submitted to the primary insurance policy first. The balances remaining after primary insurance may then be submitted to the Clark University sports policy. Any payments made by the primary insurance will be applied to satisfy the $1,000 Clark sports policy deductible. The athlete may be responsible for all or part of the $1,000 deductible if it is not completely satisfied through the primary insurance. The NCAA Catastrophic Injury Insurance will supplement the University’s Sports Accident Policy after $90,000. An insurance claim form must be filled out for any injury that may incur expenses. The student-athlete is responsible for completing the claim form within 90 days of injury. All medical charges must be incurred within 104 weeks from the date of injury. Clark University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical or dental expenses resulting from injuries that occur while participating in intercollegiate athletics at Clark University.

Please look into your individual health insurance to see what kind of coverage you have for sports injuries.

In the event that you suffer an injury incurred while participating in Clark Athletics, you must report this incident immediately to the Head Athletic Trainer for documentation and treatment. Any injury that goes unreported may not be covered under Clark University Athletic Insurance.

This form must be filled out completely and accurately, signed and dated before an athlete can participate.

I have read and understand the above information.

STUDENT-ATHLETE SIGNATURE __________________________________________________________________________ DATE ________________

PARENT SIGNATURE (Required) __________________________________________________________________________ DATE ________________

*This form must be signed annually by the student-athlete for him/her to be eligible for varsity athletics. Additionally, the parent/guardian must sign the form prior to the first year of participation.

Authorization To Release Medical And Treatment Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted by Congress to protect patients’ privacy and confidentiality regarding information pertaining to their medical condition. Additionally, the Family Educational Rights and Privacy Act of 1974 (FERPA), or Buckley Amendment, is a Federal law that protects the privacy of student records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. These laws state, in part, that Protected Health Information, referred to as “PHI,” may only be released with the consent of the patient.

In the course of providing proper medical care and treatment to injured varsity athletes, the Sports Medicine Department at Clark University often needs to share information relating to an injured athlete with the following entities: the athletic director, coaches, parents, doctors, medical personnel, insurance brokers and companies, the University’s Student Health Services Office, the Sports Information Office, and on occasion the media. The only information, however, that will be shared is that medical and/or treatment information that relates to injuries incurred by a varsity athlete while participating in varsity sports while playing for Clark University.

Given the need to share medical information pertaining to injured athletes, the University requires that all varsity athletes authorize the University, on an annual basis, to share pertinent medical information, when necessary, with the specific entities and offices listed above. It is therefore necessary, in order to be eligible to participate in varsity sports at Clark University, to provide your signature below.

I have read and understand the above information.

STUDENT-ATHLETE SIGNATURE __________________________________________________________________________ DATE ________________

PARENT SIGNATURE (If under 18 y/o) ____________________________________________________________________ DATE ________________
Assumption of Risk

The Undersigned, Herewith

A. Understands that he or she must refrain from practice or play while injured or ill, whether or not receiving medical treatment and during medical treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continued treatment.

B. Understands that he or she must have a complete physical examination by a physician within 6 months of the first practice of the first year of participation and having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him or her at the time of said examination.

C. Gives permission for emergency surgery or routine medical treatment of any major or minor injury or illness. Reasonable effort to contact parents or guardians will always be made.

D. Understands that participation in any sport requires an acceptance of risk of injury, and he or she is responsible for learning the specific risks inherent to his or her sport.

STUDENT-ATHLETE SIGNATURE ____________________________________________________________________________

DATE

PARENT SIGNATURE (If under 18 y/o) ______________________________________________________________________

DATE

ATHLETIC TRAINING ROOM RULES

1. Practice the “Golden Rule”. Respect others. The Athletic Training Room is not an extension of the locker room. This is a co-educational facility, as such, dress, speak and conduct yourself appropriately.

2. As per OSHA regulations, NO food or drink is allowed in treatment areas of the Athletic Training Room.

3. As per NCAA mandates, tobacco products are prohibited in the Athletic Training Room or anywhere else in/at any athletic facilities.

4. Report ALL conditions and injuries to the athletic trainers for care and referral. Sooner is better than later. Smaller issues are easier to take care of.

5. Do NOT operate any of the machines. The Athletic Training staff is responsible for setting up, turning on and adjusting the machines.

6. Leave all bags, coats and athletic equipment (e.g., cleats/spikes and implements) in your locker room or outside in the hallway.

7. No shoes are allowed on the treatment or taping tables.

8. Do not take any supplies without asking and receiving permission to do so.

9. Please return all items (e.g., weights, tape, scissors, tape remover) to their original and proper places.

10. The hour prior to practices and contests are reserved for fist aid needs, taping and wrapping, and modality treatments, only. Injury evaluations and rehabilitation programs are to be conducted at other times.

11. The Athletic Training Room is not a lounge or social area. Please stay out if you do not have a reason to be here.

12. You are to return all equipment issued to you. You will be charged for the equipment not returned at the end of your season.

13. Please be sure your treatments and rehabilitations are recoded, in other words, sign in.

14. Towels are only for modality treatments in the Athletic Training Room—not for showering or to dry off after workouts. You are to use your own towels for these other purposes.

STUDENT-ATHLETE SIGNATURE ____________________________________________________________________________

DATE