

Sports Medicine

Dear Parent(s) or Guardian,

Each year we like to update each student-athlete's file in the Sports Medicine Department with accurate information. We need your help to do this. Included in this email are several forms we need you to complete for your son or daughter's file. I will briefly describe each for you.

1. **Insurance Letter and Questionnaire for Parents:** This letter explains the procedure used in the event the student-athlete is injured during athletic activity and medical care is needed. Also included is a questionnaire regarding medical insurance. All Student-athletes must have medical insurance. We ask that a copy of your insurance card be included when returned to us.
2. **Agreement to Participate:** Please read this form carefully. It must be signed by the student-athlete and a parent if the student-athlete is under the age of 21.
3. **Medical History Questionnaire:** Only new student-athletes (freshmen and transfers) must fill this out. If the student-athlete is returning this form is already on file.

Your child will also get a Pre-Participation Physical Exam at no cost to you at the LIU Team Physician's office prior to beginning practices. **This exam does not include any lab work or vaccinations and does not qualify to be used for admission into the university or for any requirements for a major.** For more information regarding Health Services vaccination requirements click on the link:
<http://www.brooklyn.liu.edu/healthservices/index.html>

All Sports Medicine forms must be sent to us prior to August 1, 2009. Please fill them out to the best of your ability and make sure all are signed in the correct spaces. Your son/daughter will not be allowed to participate until this information is on file with the Sports Medicine Department. The contact and mailing address is:

Erica Marcano
Assistant Athletic Trainer
Long Island University
1 University Plaza
Brooklyn, NY 11201

If you have any questions please feel free to call me at (718)488-1521. Thank you.

Sincerely,

Danny O'Connor MS, ATC
Head Athletic Trainer

SPORTS MEDICINE

Dear Parent/Guardian,

The following describes the Long Island University athletic insurance procedures to be followed in the event your son/daughter is injured while participating in L.I.U. athletics and requires medical care.

1. If your medical insurance or any other plan covers your child, this insurance is *PRIMARY* and the L.I.U. insurance will then cover any charges not paid by your insurance, ***with the exception of any existing deductible or co-payments***. Evidence (rejection letter, explanation of benefits, etc.) for any unpaid or denied charges should be forwarded to my office so that we can properly process this claim through our insurance carrier and finance office.

2. As per University policy, all student-athletes are required to have medical insurance and will automatically be enrolled in, and billed for, the school-sponsored plan on their bursar account. If the student-athlete has medical insurance they must provide that information online to the University and must waive the health insurance fee online. The deadline for the 2009-2010 school year is still being established. Students who fail to waive by the new deadline, as well as students who do not have other insurance, will be automatically enrolled and will be charged a fee for the insurance. Follow this link for details about insurance requirements: <http://www.brooklyn.liu.edu/healthservices/insirancewaiver.htm> . This plan provides adequate coverage and is not subject to a deductible. Pre-existing or chronic conditions, dental and podiatry services are ***NOT COVERED***.

NOTE: Your cooperation in dealing with insurance matters is vital. If you have any questions regarding insurance procedures, please feel free to call my office at (718) 488-1521. If, for any reason, you may need to contact our insurance company directly, call Administrative Concepts, Inc. at (888) 293-9229.

PLEASE KEEP THIS LETTER IN A SAFE PLACE FOR FUTURE REFERENCE

Also enclosed is the **LIU Student-Athlete Insurance Information** form. It is required that you fill out **both sides** of this form and return it, along **with a copy of your insurance card**. **Your son /daughter will not be allowed to participate without a copy of his/her insurance card on file.**

Thank You,

Daniel O'Connor, MS, ATC
Head Athletic Trainer
Long Island University
1 University Plaza
Brooklyn, NY 11201

Long Island University Student-Athlete Insurance Information

I. Athlete's Name: _____ Date: _____

Social Security#: _____ Sport: _____

Does the Student-Athlete have health insurance? YES___ NO___

If YES, who is the policy holder? Mother__ Father__ Self__ Spouse__ Other_____

If NO, go to SECTION IV and enroll in the LIU insurance plan online.

II.Primary Insurance Coverage Information

Name of policy holder: _____

Phone Number: _____ Relationship to Athlete: _____

Social Security Number: _____ Employed: YES ___ NO___

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Insurance Company: _____

Address: _____

Policy Number: _____ I.D.# : _____

Type of Plan: HMO ___ PPO___ Standard Medical & Hospitalization___ Other_____

III.Secondary Insurance Coverage Information

Name of policy holder: _____

Phone Number: _____ Relationship to Athlete: _____

Social Security Number: _____ Employed: YES ___ NO___

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

** Turn Over **

Insurance Company: _____

Address: _____

Policy Number: _____ I.D.# : _____

Type of Plan: HMO ____ PPO ____ Standard Medical & Hospitalization ____ Other _____

Please describe any policy restrictions which may limit coverage for the Student-Athlete (ie: age restrictions)

IV. Verification

I verify that all of the information in this document is accurate and complete to the best of my knowledge.

Primary Policy Holder's signature Date

Secondary Policy Holder's signature Date

Athlete's signature Date

Please fill out this form in its entirety and sign in the above space. When completed, please mail this form, along with photocopies of any insurance cards that pertain to the above Student-Athlete to the following address:

**Erica Marcano, Assistant Athletic Trainer
Department of Athletics
Long Island University
1 University Plaza
Brooklyn, NY 11201**

Please contact Erica Marcano @ (718)780-4394 with any changes regarding this information

*****This form is for Athletic Department use ONLY. It does not satisfy University requirements for enrollment or waiver of insurance fee.*****

The student-athlete cannot participate without their insurance card on file in our office.

**AGREEMENT TO PARTICIPATE
ATHLETIC DEPARTMENT**

(THIS FORM MUST BE SIGNED BY THE PARTICIPANT, AND ALSO BY A PARENT/GUARDIAN IF THE PARTICIPANT IS UNDER AGE 21)

ATHLETE'S NAME _____ SPORT(S) _____

HOME ADDRESS _____

I AM AWARE THAT PLAYING OR PRACTICING IN ANY SPORT CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS, INCLUDING INJURY. I UNDERSTAND THAT THE DANGERS AND RISKS OF PLAYING OR PRACTICING IN ANY SPORT 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 MUSCULAR-SKELETAL SYSTEM AND SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY BODY, GENERAL HEALTH AND WELL BEING.

IN CONSIDERATION OF THE COLLEGE PERMITTING ME TO PRACTICE, PLAY OR TRY OUT FOR THE COLLEGE'S TEAM(S) AND TO ENGAGE IN ALL ACTIVITIES RELATED TO THE TEAM, INCLUDING PRACTICING, PLAYING AND TRAVELLING, I HEREBY VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION and agree to exonerate and save harmless the College, its Trustees, Officers, faculty, employees, representatives, agents, the athletic staff of the College, the physicians and other medical practitioners treating me, or anyone connected with the College sport(s), or their heirs or estates (collectively referred to hereinafter as the "University"), from any and all liability, 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 the College sport(s) team(s) including, without limitation, the risk of any negligence or recklessness or failure to act, by other participants or others, and the risk of injury caused by the condition of any property, facilities or equipment used during the above sport(s), and I agree to waive, renounce, and release, on behalf of myself, my heirs and my estate, any claim against the "University" alleged to be caused by such negligent or reckless actions, or failure to act, or the condition of any property, facilities or equipment used during the above College sport(s).

I am in good health, have no physical conditions that affect my ability to travel and/or participate in any of the activities involved in the above College sport(s), and have not been advised otherwise by a medical practitioner. In this regard, I have completed an Insurance Confirmation and Medical Information Form. In addition, I certify that I have health insurance which affords coverage for sickness and accident expenses, and agree that the "University" is in no way responsible for any such costs of medical care.

I also grant to the "University" full authority to take whatever action it deems is warranted under the circumstances regarding my health or safety in connection with my participation in the above College sport(s), including the providing of emergency first aid, medication, medical treatment or surgery deemed necessary by medical personnel. This authority will permit the "University", at its discretion, to place me, at my expense, in a local hospital for medical services and treatment, or, if no hospital is available, to place me in the hands of a local medical doctor for treatment. I also authorize medical personnel to execute any documents relating to medical attention and to act on my behalf, if I am unable to do so.

Because of the dangers of participating in the above sport(s), I agree that at all times I will follow the directions of the athletic staff or other "University" personnel in all matters in connection with said sport(s) including, but not limited to, instructions regarding playing techniques, training, rules of the sport, and other team rules. The "University" reserves the right to suspend or terminate my participation in this Program for failure to maintain the standards of Long Island University or if my acts, words or conduct are deemed detrimental to, or incompatible with, the interests, purpose or welfare of the College sport(s) or of the "University".

This Waiver is a legally binding agreement and will be construed broadly. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family. Any provisions found to be void or unenforceable shall not affect the validity or enforceability of any other provisions.

I hereby agree that any disputes that may arise between myself and the "University" in connection with my activities at the College, shall, at the option of the "University", be submitted to binding arbitration in accordance with the Rules of the American Arbitration Association or to a court of competent jurisdiction.

I have read this document and I understand its content. I understand that by signing below, I have given up substantial rights. I have voluntarily signed this release.

(Signature of Participant)

(Print Name of Participant)

(Date)

PARENT/GUARDIAN SIGNATURE FOR MINORS (UNDER 21 YEARS OLD)

As the parent/guardian of the above-named Participant, I agree to the terms and conditions contained in this Waiver & Release Form, and I assume responsibility for the actions or inactions of the Participant.

(Signature of Parent/Guardian)

(Print Name of Parent/Guardian)

(Date)