



**DEPARTMENT OF ATHLETIC TRAINING
304-473-8349**

Dear Student-Athlete:

I hope that you enjoy your summer and stay healthy. The Athletic Training staff and I are preparing for the start of a new season. Enclosed are the proper form(s) required in the Athletic Training Department for the 2017-18 academic year. These forms are ***in addition to*** the appropriate Health Forms through the Barnhart Memorial Health Center. Please complete the forms, SCAN and EMAIL to **mason_d@wwwc.edu** by **July 21, 2017**. Incomplete paperwork or multiple files **will not** be accepted. WWC Athletic Training will not be accepting any paperwork from athletes for the 2017-18 academic year that is not in electronic format. Faxed copies **will not** be accepted.

Failure to have all required paperwork submitted by **July 21, 2017** will result in your inability to participate in preseason activities.

It is your responsibility to have a physical at home. The physical needs to be completed on the provided WWC Physical form. Any athlete that does not have a physical when he/she reports to school will be prohibited from participating in any athletic practice/contest. Also, any athlete whose required athletic training paperwork that has not been received will not be permitted to participate. Finally, any form that is returned incomplete will also prevent you from participating. **THERE WILL BE NO EXCEPTIONS!**

A completed physical form includes a copy of your current insurance card (valid for 2017-18 term). Please copy the front and back of your card. You may also find the WWC Physical form on our athletic web page or the WWC Student Health Center page.

We look forward to seeing you on campus. If you have further questions or concerns please contact the athletic training office at (304) 473-8349 or via email at mason_d@wwwc.edu.

Again all forms must be scanned and emailed in PDF or JPEG format by **July 21, 2017**. Include in the email subject line: New or Returning Athlete Form and Sport (ex. W Soccer, M Golf, etc.)

Thank you,
Drew Mason, MS, ATC
Athletic Trainer

WVWC Athletic Training Information Sheet

Please print legibly.

Date: _____

Sport(s): _____

Full Name: _____ Age: _____

Date of Birth: _____ Campus Box: _____

Local Phone: _____

Campus Address(Dorm and Room #): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mother: _____ Father: _____

Parents' email address: _____

Emergency contact name and number: _____

_____ ** note – emergency contact must be different than home phone number**

Environmental allergies (i.e., bee stings, pollen, etc): _____

Allergies to medications: _____

Current medical conditions (i.e., asthma, diabetes, epilepsy, etc): _____

Current medications: _____

Signed: _____

Date: _____

WVWC Medical Consent Form

FULL NAME: _____

SPORT(S): _____

MEDICAL CONSENT, RELEASE OF INFORMATION, SHARED RESPONSIBILITY

A. MEDICAL CONSENT

TO PERMIT WEST VIRGINIA WESLEYAN COLLEGE ATHLETIC TRAINERS TO TREAT ANY INJURY THAT MAY OCCUR WHILE AT WVWC

B. RELEASE OF INFORMATION

TO PERMIT THE RELEASE OF MEDICAL RECORDS TO THE ATHLETIC TRAINERS FROM THE WVWC MEDICAL CENTER OR TREATING PHYSICIAN WHICH MAY BE FORWARDED TO YOUR COACH/ADVISOR/DIRECTOR CONCERNING YOUR PHYSICAL HEALTH AND ABILITY TO PERFORM IN THE ABOVE ACTIVITY

C. SHARED RESPONSIBILITY

SHOWS THAT YOU RECOGNIZE THAT THERE ARE CERTAIN INHERENT RISKS THAT ARE POSSIBLE WHEN PARTICIPATING IN INTERCOLLEGIATE ATHLETICS OR DANCE AND ARE WILLING TO TAKE RESPONSIBILITY FOR THESE POTENTIAL RISKS THAT MAY OCCUR WHEN PARTICIPATING IN THE ABOVE ACTIVITY

MEDICAL CONSENT

In signing this medical consent form, you give permission to the WVWC training staff to render any treatment that may be Necessary regarding your health and well-being. Also, by permitting necessary treatment, you realize that you are authorizing the athletic trainers to render any treatment that may fall under the headings of preventive care, first-aid, rehabilitation, and emergency care. During these instances the athletic trainer will be working under the standing orders of the WVWC physician. You also realize that by giving consent for proper care, you are giving permission for hospitalization when necessary.

DATE: _____

Signature of student-athlete

DATE: _____

Signature of Parent/Guardian, if under 18

AUTHORIZATION FOR RELEASE OF INFORMATION

In signing this information release form, you authorize hospitals, physicians, rehabilitation clinics, & WVWC health center to release medical information pertaining to your participation status to the athletic training staff, coaches, advisors & directors. The medical information may relate to your past, present or future injuries or illnesses that may occur or already have occurred while participating in athletics or your above activities. Also, by giving authorization for release of medical information, you permit the medical staff to disclose this information to your coach and advisor.

DATE: _____

Signature of student-athlete

DATE: _____

Signature of Parent/Guardian, if under 18

SHARED RESPONSIBILITY FOR SAFETY

By signing the shared responsibility for safety form, you realize participation in sport/activity requires an acceptance of risk of injury. You rightfully assume that those who are responsible for the conduct of sport/activity have taken reasonable precautions to minimize such risks. However, you acknowledge that these risks exist and you are willing to participate recognizing said risk. Also, you assume responsibility for adhering to medical staff guidelines, prevention, and precautions regarding participation status in the above sport/activity. Understanding that these guidelines are in accordance with medical practice standards for the prevention of additional injuries, your choice to comply with these directions will decrease the risk of initial or additional injuries.

DATE: _____

Signature of student-athlete

DATE: _____

Signature of Parent/Guardian, if under 18

West Virginia Wesleyan College
Department of Athletic Training
(HIPAA Release) Student-Athlete Authorization /
Consent For Disclosure of Protected Health Information

I, _____ (Print name), hereby authorize West Virginia Wesleyan College and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for participation in intercollegiate athletics to any West Virginia Wesleyan College Advisory Team Physician, Allied Health Personnel affiliated with WWC, WWC's Third Party Claim Administrator, the Director of Athletics, my Head Coach, my Assistant Coach or member of the Media Relations Department.

I understand that my injury/illness information is protected by federal regulations under 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 my signing of this authorization / consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization / consent in order to be *eligible for participation* in NCAA or MEC competition. If you refuse to sign this release, you will not be denied treatment from the Athletic Training Department however you will not be allowed to *participate in your sport* in order to protect your medical condition and associated medical information.

I also understand that the MEC Conference is not covered by the Buckley Amendment or HIPAA and that these regulations will not apply to the MEC Conference's use or disclosure of my injury / illness information. This authorization / consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the Athletic Director at West Virginia Wesleyan College. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization / consent.

By signing this waiver, I hereby give permission to the Head Certified Athletic Trainer to discuss injuries and/or conditions to current coaches, medical personal for further treatments, and other associated Certified Athletic Trainers at participating Colleges when traveling is necessary.

Sport(s): _____

Name: _____ Date: _____
(Printed)

Signature: _____ Date: _____

***Signature of parent/guardian if under 18 years of age:**

_____ Date: _____

**West Virginia Wesleyan College
Intercollegiate Athletic Department**

Acknowledgement of Risk and Liability Waiver

I, _____, acknowledge that I am aware that my participation in intercollegiate athletics carries with it the risk that I will suffer injury as a result of such participation. In consideration of the College permitting me to participate in athletic programs which it sponsors, I hereby admit to assume any and all risk of injury associated with my participation in intercollegiate athletics. I further agree that I will do my best to reduce the risk of injury by keeping myself in the best possible physical condition and follow the advice of the team physician, athletic trainer, and/or coach concerning the prevention, treatment and rehabilitation of athletic injuries. As further consideration of the College permitting me to participate in such athletic activities, I do hereby waive my right to assert any claim against the College, its agents, employees or those operating under its direction and control for any injury or injuries arising out of my participation in intercollegiate athletics. I further agree to indemnify and hold harmless the College from any and all claims and/or liabilities relating to and/or arising from such injuries.

Signature of Student Athlete

Date

Signature of parent if under 18 years of age

Date

Age

Sport(s)

**West Virginia Wesleyan College Intercollegiate Athletic Department
Excess Athletic Insurance Policy**

West Virginia Wesleyan College has obtained an excess insurance policy for your protection in the event you sustain an injury during an **official, supervised** practice/game while participating in intercollegiate athletics. This excess insurance policy requires that the injured student-athlete first make a claim under his/her personal insurance. It is the responsibility of all student-athletes to carry a primary insurance policy that provides athletic injury benefits.

For medical expenses to be considered for payment under the WVWC excess athletic insurance policy, a claim form must be completed in its entirety and returned to the Athletic Training staff and/or claims administrator. It is important that you (parent/student) provide the Institution or the claims administrator with the necessary documentation required to file a claim within the 180-day deadline. Failing to do so, will result in the denial of your claim. Additional documentation (other than the claim form) will also be required by the claims administrator for consideration of benefits. The athletic training staff will assist you in understanding the claims submission process if you need to submit a claim.

The excess athletic policy may then provide a maximum of \$90,000.00 in medical fee benefits for an athletically related medical condition or athletic accident which would be otherwise covered by your primary insurance **and** subject to certain limitations/exclusions. Submission of an athletic claim does **NOT** guarantee payment. Determination of all benefits is made by the claims administrator and insurance carrier.

The student-athlete insurance plan provides EXCESS (deductible, co-insurance) coverage only. This means that all charges must be filed with your primary insurance carrier before they can be submitted to the student insurance plan. If your primary carrier is an HMO/PPO or similar arrangement, YOU (parent/student) are responsible for obtaining authorization or a referral for services. Failing to do so will result in a reduction of excess benefits, if applicable. It is NOT a major medical health plan. The excess policy has a **104 week** benefit period.

Please read initial each below:

_____ I acknowledge that I have read the foregoing information concerning insurance and understand its meaning.

_____ I acknowledge that I am aware that WVWC maintains an excess insurance policy which has a maximum benefit of \$90,000.00 for an athletically related medical condition or athletic accident. This policy is subject to certain limitations and exclusions.

_____ I acknowledge that I have secured a primary insurance policy that provides medical benefits for athletically related injuries and/or conditions.

_____ I acknowledge that I am responsible for any and all medical bills incurred for injuries/illnesses/conditions related to athletics that are not be eligible for benefits through my primary insurance or the excess athletic insurance policy provided by WVWC.

Signature of Student Athlete

Date

Signature of parent if under 18 years of age

WEST VIRGINIA WESLEYAN COLLEGE
Student-Athlete Health Insurance Verification Form

I, _____ do hereby authorize **West Virginia Wesleyan College** to verify the Medical Health Information I have provided via my student insurance waiver on ____/____/20___. The authorization is valid for 12 months from the signature date below.

The insurance information I have submitted is as follows:

Student Information:

Name: _____

Student ID #: _____

DOB: _____ (Month/Day/Year)

Sport(s): _____

Primary Insured's Information:

Name: _____

Phone #: _(_____)_____

Relationship to Student: _____

Insurance Company Information:

Name: _____

Phone #: (_____)_____ ID #: _____ (On Card)

Insurance Group #: _____ (On Card)

Policy Effective Date: _____ (Month/Day/Year)

Policy Termination Date: _____ (Month/Day/Year)

Is this a Health Savings Account (HSA) Plan? Yes No

Are athletic injuries covered? Yes No

Are any injuries excluded? Yes No

If yes, what injuries: _____

Out of state domestic and international student coverage only:

_____ **(initial):** I have contacted by primary insurance carrier and alerted them for an out of area relocation for education and the need for expanded benefits to include local WVWC medical providers and/or other WV providers while enrolled at WVWC.

_____ **(initial):** I have primary medical insurance benefits (outside of emergency care services) within the state of WV while attending WVWC.

I understand that it is my responsibility to notify West Virginia Wesleyan College and the Department of Athletics if there is a loss or change in my insurance coverage.

Student's Signature: _____ **Date:** _____

REQUIRED Policy Holder's Signature: _____ **Date:** _____

West Virginia Wesleyan College Athletic Department
Sickle Cell Trait Informed Consent/Refusal

What is Sickle Cell Trait?

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

What happens during exercise to individuals with Sickle Cell Trait?

During intense exercise, red blood cells with the sickle hemoglobin may change shape and "sickle". These sickled cells can accumulate in the bloodstream and block normal blood flow to the tissues and muscles. This can lead to significant physical distress and a collapse.

Why do we need to know if you have Sickle Cell Trait?

This information can help the Athletic Training Staff so that the proper precautions can be put into place for your care. You will not be excluded from participation due to Sickle Cell Trait.

Is testing required?

Yes! Beginning on August 1, 2012, you will be **REQUIRED** by the NCAA to provide the results of a Sickle Cell Trait test. You may provide the results of the test administered at birth (All 50 states require testing at birth for all infants) or during a routine medical exam. WVWC WILL ONLY NEED TO RECEIVE YOUR SICKLE CELL TEST RESULTS ONE TIME. Your results will be kept on file for your remaining time at WVWC. You will not be permitted to practice in any capacity until the **RESULTS** of a Sickle Cell Trait test are on file or you have signed the waiver below annually.

SICKLE CELL TRAIT TESTING DECLINATION (MANDATORY)

I understand I may be at risk of carrying the sickle cell trait. I have been given the opportunity to be tested for sickle cell trait at my own expense. However, I decline sickle cell trait testing at this time. I understand that by declining this testing, I continue to be at risk of suffering the potential effects of sickle cell trait or a sickle emergency. If in the future, I wish to be tested for sickle cell trait, I can receive, at my own expense, the appropriate medical testing.

Printed name

Date

Signature

Parent Signature (if under 18 years old)

West Virginia Wesleyan Athletic Training
*****Helmet Warning*****
FOOTBALL, BASEBALL and SOFTBALL ONLY

In an effort to warn players and parents of the risk of injury, the NOCSAE Board of Directors has developed a warning statement which is found on all sport helmets. This statement is intended to warn participants of the possibility of severe head or neck injury despite the fact that a certified helmet is being worn. The helmet is designed to protect the head. **A SPORT HELMET CANNOT PROTECT THE PLAYERS NECK.**

NOCSAE urges that the following warning statement be shared with the members of the athletic team and that all coaches and staff alert participants and parents to the potential for injury.

WARNING

Do not strike opponents with any part of this helmet or face mask. This is a violation of rules and any cause you to suffer brain or neck injury, including paralysis or death. Severe brain or neck injuries may also occur accidentally while playing football.

1. Do not modify, change, or alter the helmet in any way.
2. Do not remove or cover any of the labels in or on the helmet.
3. Do not paint or clean the helmet as this can reduce helmet protection.
 - a. Clean with approved cleaners or with mild soap and water only
4. Each helmet has been fitted according to the manufacturer's instructions but should be inspected daily before use in order to insure proper protection.
 - a. Check the helmet for proper fit.
 - b. Check for damage to the liner and shell.
 - c. Check for loose hardware (nuts, bolts, screws, plastic).
 - d. Check for damaged facemask (cracked, loose, or metal exposed).

Remember, never wear a damaged helmet. In the event that any equipment problems should arise, do not hesitate to report this to the coaching or athletic training staff immediately. This information has been given in an effort to educate players associated with the WVWC Athletic Team. If you have any questions, please contact:

John Zubal – Head Football ATC	304-473-8681
Tammie Moody – Head Softball ATC	304-473-8682
Hide Masuda – Head Baseball ATC	304-473-8681

I have read this information and understand it fully.

Printed Name: _____

Student Athlete Signature: _____ Date: _____