

PRE-PARTICIPATION ATHLETIC CHECK LIST

(ALL RETURNING ATHLETES)

THE DEADLINE FOR RETURNING THIS PACKET IS JULY 1st!!

This Checklist will assist you in properly completing EACH page of this packet. If, after reading this checklist and packet, something is still unclear, or you have questions, please contact our Head Athletic Trainer, Kevin King at (417) 865-2815 X 7348, one of our Assistant Athletic Trainers, Megan Kennedy (X 7246), Neil Moore (X 7355) or Sarah Walters (X 7391), or our Athletics Department Administrative Assistant, Faye Liddle (X 7282). Athletes will **NOT** be permitted to practice or work out until their completed packet is on file with the Athletic Training Department.

- **Step 1:** Read *Dr. Stair's Letter* (p.2) regarding Evangel's policy on athletic insurance and verify that your insurance meets the three (3) conditions listed in the letter.
- **Step 2:** Complete and sign the *Athletics Insurance Verification Form* (p.3) **Please Note: This form must be notarized, so make sure the Policyholder signs it in the presence of a Notary Public.**
- **Step 3:** Read, complete and sign the *Protected Health Information* form (p.4). Parent/Guardian must sign it only if the Student-Athlete is under 18 years of age.
- **Step 4:** Read and sign the *Substance Abuse Policy* (p.5).
- **Step 5:** Read and sign the *Evangel University Athletics—Miscellaneous Policies* (p.6).
- **Step 6:** Complete and sign the *Annual Student-Athlete Physical Update* form (p.7).
- **Step 7:** (Optional) Complete the Booster Club form (p. 8).
- **Step 8:** Attach a readable copy of the **Front and Back** of your current Primary Medical Insurance card.
- **Step 9:** Make copies of the entire packet for your records.
- **Step 10:** Assemble all pages (please do not staple them) and send the **originals**, via USPS, to:

Evangel University Athletics
Attn: Athletic Training Department
1111 N. Glenstone Ave.
Springfield, MO 65802

Dear Parent,

Evangel University Athletics enjoys a rich history of success and our community is eager to watch as your student-athlete contributes to that legacy. We hope your attendance at contests, Homecoming, Senior Recognition Days and Awards Events will make these events unforgettable for them throughout their athletic career.

All sports inherently present risk for injury that could necessitate medical care. Therefore, every student-athlete must first complete the pre-participation athletics packet before being issued equipment, uniforms, or being permitted to participate in ANY team activity. Once completed, they will be cleared by their team's Certified Athletic Trainer and have access to some of the finest sports medicine and healthcare services in Missouri. Evangel's sports medicine team arranges for ALL pre-participation physical exams, consults, procedures and treatments of athletic related conditions sustained by the student-athlete.

Full payment for all such services is the primary responsibility of the student, their parent(s)/guardian(s) and/or their insurance carrier(s). **Before participating IN ANY WAY**, every student-athlete must first show that they are covered by at least a primary medical insurance policy (not just a supplemental policy) for up to a limit of \$25,000 per accidental injury. Coverage must continue at ALL TIMES that the athlete is representing Evangel University. **To avoid unnecessary complications, WE STRONGLY URGE YOU to contact your policy provider directly and verify that your primary policy meets the following conditions:**

- The policy covers services rendered by Cox Health System providers **and/or** Mercy St John's Health System providers **and/or** Ozark Community Hospital providers **and/or** some other Springfield, Missouri Health System provider.
- The policy is set up to pay IN SPRINGFIELD for athletic training services, physician consultations, diagnostic testing/procedures, emergency and elective surgeries, hospital stays/services, medications, durable medical equipment and in-patient or out-patient rehabilitation for all:
 - Pre-existing and congenital medical conditions
 - Injuries sustained while participating in Evangel team-sponsored events
 - Non-athletic injuries and those not related to Evangel team-sponsored events
 - Illnesses (colds, flu, etc)
 - Athletic injuries that are referred out without being authorized by Evangel Sports Medicine Staff or the Athletic Director
- The policy covers treatment of ALL athletic injuries in ALL 50 STATES (including MISSOURI) and in foreign countries

If your primary policy does *NOT* meet these conditions, then you will need to purchase a supplementary policy that will fill in the gaps. Your policies can carry as high of a deductible as you feel is prudent for your financial situation. However, you will be responsible for all deductibles and any remaining balances after your policies have paid their portions of any bill incurred **and/or** if you allow your policies to lapse. Evangel University carries Catastrophic Insurance that takes effect only after \$25,000 of bills have been paid towards a single injury. **EVANGEL UNIVERSITY WILL NOT PAY ANY INSURANCE CLAIM.**

We are committed to ensuring safety in participation and the highest quality of care in helping any ill or injured athlete return to play as soon as is medically prudent. Your part is to make sure your student-athlete has the appropriate insurance coverage to be able to protect both them and your own financial security.

If you have questions about any part of this packet, please contact our Head Athletic Trainer, Kevin King at (417) 865-2815, X 7348 or our Athletics Department Administrative Assistant, Faye Liddle at (417) 865-2815, X 7282.

Sincerely,

Dr. David L. Stair

Dr. David L. Stair
Director of Athletics

ATHLETICS INSURANCE VERIFICATION FORM—ACADEMIC YEAR ENDING 20 _____
(COMPLETE IN BLACK INK, LEAVING NO BLANKS EMPTY)

Student Demographic Information

Name: _____
 (Last) (First) (M)

Date of Birth: _____ Age: _____ Gender: M F

Social Security Number: _____ - _____ - _____

Select Your Sport(s): ___ Baseball; ___ Basketball; ___ Cheer
 ___ Cross Country; ___ Football; ___ Golf; ___ Softball;
 ___ Tennis; ___ Track & Field; ___ Volleyball

Student Contact Information

Home Mailing Address:

 (Street) (Apt)

 (City) (State) (Zip)

_____ **Home Phone:** (_____) _____
 (Country)

Local Address:

 (Street) (Apt/Dorm Rm)

 (City) (State) (Zip)

Cell Phone: (_____) _____

Email: _____

In Case of an Emergency, Please Notify:

Name 1: _____ Relation: _____

Daytime Ph: (_____) _____ Ext. _____

Evening Ph: (_____) _____ Ext. _____

Email: _____

Name 2: _____ Relation: _____

Daytime Ph: (_____) _____ Ext. _____

Evening Ph: (_____) _____ Ext. _____

Email: _____

Insurance Coverage Verification

Provider Information:

Company Name: _____

Place a before **ALL** Health Systems covered by your plan.
 CoxHealth St. John's Ozarks Community Hospital

Policyholder Information:

Name: _____
 (Last) (First) (M)

Date of Birth: _____ SSN: _____ - _____ - _____

Policyholder's Address: _____
 (Street) (Apt)

 (City) (State) (Zip) (Country)

Phone: (_____) _____ Employer: _____

This is to verify that the above named primary major medical insurance policy (not a secondary policy) will apply to injuries and follow-up care incurred as a result of athletic participation for Evangel University, and that it will pay for medical and athletic training service charges incurred at any location where illness, injury or follow-up treatment should occur, or I will personally be responsible for same. This policy will also cover medical charges incurred in treating any pre-existing injury or I will personally be responsible for same.

If coverage changes, or is discontinued, it is my responsibility to inform Evangel in writing, in advance. I will be responsible for all bills if a Twenty Five Thousand Dollars (\$25,000.00) per occurrence policy is not in effect at the time of injury and treatment.

As the insurance policyholder of _____ (student-athlete), I do hereby state that I have read, understand and agree to the conditions of participation outlined in all pages of the summer mailing packet.

Reminder: Coverage must be at least \$25,000 per injury & must pay for treatment in the state of Missouri!!!

(Policyholder's Signature) (Date)

(Notary Public) (Date) (Expiration)

EVANGEL UNIVERSITY
ATHLETIC TRAINING DEPARTMENT
1111 N. Glenstone Ave · Springfield, Missouri 65802

PROTECTED HEALTH INFORMATION

Name of Student-Athlete: _____ **Sports(s):** _____

The undersigned hereby authorize(s) any medical provider of the Student-Athlete listed above, associated with Evangel University, including specifically, Cox Sports Medicine personnel, Cox Health System Physicians and their support personnel, team Certified Athletic Trainers, Evangel University Health Center Personnel, Emergency Medical Services Personnel and any other medical providers outside of the Cox Health System involved in the care of Evangel University student-athletes to provide medical treatment and to use and disclose among themselves information pertinent to the proper and complete care of the athlete's illnesses, injuries and conditions. I understand that my refusal to sign this authorization will affect the Student-Athlete's ability to participate in athletics.

Student-Athlete Signature

Date

Parent/Guardian Signature
(If Student-Athlete is under age 18)

Date

**EVANGEL UNIVERSITY
ATHLETIC TRAINING DEPARTMENT**

Miscellaneous Policies

Student-Athlete Name: _____

Academic Year Ending 20_____

Equipment Issue and Use Policy

Sometimes it will be necessary for student-athletes to be temporarily issued equipment or supplies (i.e. pads, braces, crutches, etc) necessary for safe participation in their sport or for treatment/rehabilitation of an injury or illness. When possible, this equipment will come from our in-house supply. Student-athletes are **not charged** for the use of this equipment **unless they fail to return it** when its use is no longer necessary or at the end of the season, whichever comes first. Failure to properly care for and return the equipment in reasonable condition (minus normal wear and tear) will result in the student-athlete being charged the replacement cost of the equipment. Failure to pay for its replacement will result in a “hold” being placed on the student-athlete’s grades until the fee is paid in full.

I have read, understand and agree to be held accountable to this policy.

Student- Athlete Signature

Date

Parent/Guardian Signature
(If Student-Athlete is under age 18)

Date

Return to Play Policy

In **ALL** cases where an Evangel University student-athlete has been **limited in/restricted from** participating fully in conditioning/weightlifting activities, practice sessions and/or competition for reasons of injury, illness or pre-existing medical conditions, the well-being of the student-athlete (not game situations, critical deadlines or desire to win/succeed), will take precedence when determining the student-athlete’s ability to be safely upgraded in their practice and game participation status **to any status level greater than their current status.**

The **Evangel University Team Physician** or his/her designee, in consultation with the staff certified athletic trainer, has the **final authority** in deciding if and when an injured student-athlete may be upgraded in their status for participation in conditioning/weightlifting, practice sessions, and/or competitions. Any student-athlete seen or treated by an outside (off-campus) physician must return to their respective team’s assigned certified athletic trainer for follow-up and final clearance prior to their participation status being upgraded. If a student-athlete is under the care of a private physician for an injury or illness and the physician’s treatment precludes or alters the activity in intercollegiate athletics, the student-athlete must secure, **in writing**, and present to their respective team’s assigned certified athletic trainer, a release to upgrade their participation status. This alteration of activity by an outside physician must be agreed upon by an **Evangel University Team Physician** before the student-athlete’s participation status will be upgraded. No student-athlete will be allowed to return to full participation until the Evangel University Sports Medicine team has received a release from the Evangel University Team Physician and it is added to the medical record of that student-athlete.

I have read, understand and agree to be held accountable to this policy.

Student’s Signature

Date

Parent/Guardian Signature
(If Student-Athlete is under age 18)

Date

ANNUAL STUDENT-ATHLETE PHYSICAL UPDATE FORM
(ALL RETURNING ATHLETES)

Name: _____	Gender: Male__ Female__	Eligibility Yr: 1 2 3 4 5 6
Springfield Address: _____	Current Age: _____	Sport 1: _____ Position: _____
Local or Cell Phone: _____	Date of Birth: _____	Sport 1: _____ Position: _____
Email Address: _____	SSN: ____ - ____ - ____	Sport 1: _____ Position: _____

Anthropometric Data:

Current Weight: ____lbs Goal Weight: ____lbs Summer Weight Change: Gained ____lbs, Lost ____lbs
 Current Height: __ ft __in Resting Respirations: ____/min Resting Pulse: ____/min Resting BP: ____/____

If you are **currently** or have **recently** used any Medications, Vitamins, Minerals and/or Supplements please fill in the chart below or overflow to the back of the page if necessary. If not, write NONE in the first box.

Name of the Product	Dosage	Frequency & Duration of use	Reason why you are/were using it

Over the summer, if you have **developed**, **experienced** or **been diagnosed** with ANY of the following, fill in the chart below or overflow to the back of the page if necessary. If not, write NONE in the first box.

Abortion, Allergy to Food, Allergy to Medication, Allergy to Insect Bite/Animal Dander, Appendicitis, Asthma, Bi-Polar Disorder, Cancer, Chest Pain, Chicken Pox, Chronic Pain, Claustrophobia, Collapsed Lung, Concussion, Depression, Diabetes, Dizziness Spells, Eating Disorder, Epilepsy, Fainting Spells, Heart Disease, Heart Murmur, Heat Illness, Hepatitis (A,B or C), Hernia, High Blood Pressure, High Cholesterol, HIV/AIDS, Hives/Skin Rash, Hypertrophic Cardiomyopathy, Infection, Intestinal Disorder, Irregular Menstrual Cycles, Kidney Stones, Measles, Migraine Headaches, Miscarriage, Mononucleosis, Mumps, Nosebleeds, Numbness/Tingling in Extremities, Pregnancy, Rheumatic Fever, Seizures, Shortness of Breath, Sickle Cell Anemia, Stomach Ulcers, Sexually Transmitted Disease, Tetanus Shot, Unexplained Pain or Health Issues.

Condition, Illness, Procedure	Date of Onset	Details about the Condition, Illness, Procedure	When resolved?

Over the summer, if you have **experienced** or **undergone** any of the following, fill in the chart below or overflow to the back of the page if necessary. If not, write NONE in the first box.

Blood Transfusion, Bone Scan, Chiropractic Treatments, CT Scan, Echocardiogram, Electrocardiogram (EKG), Hospital Stay, Inflammatory Episode, Injection, Fracture, Joint Dislocation, Joint Subluxation, Ligament Sprain, MRI, Muscle/Tendon Strain, Orthodontic Braces, Stress Fracture, Surgical Procedure (including Dental and Eye), Ultrasound (diagnostic), Physical Therapy, X-Rays, Unresolved Injuries or Health Concerns.

Condition, Illness, Procedure	Date of Onset	Details about the Injury or Procedure	When resolved?

Athlete Signature: _____ Date: _____ ATC Signature: _____ Date: _____

EVANGEL UNIVERSITY CRUSADER ATHLETICS BOOSTER CLUB

Our goal as Crusader Boosters is to help Evangel's athletics teams remain highly competitive in the Heart of America Conference. Your gift to the Crusader Booster Club is tax deductible.

For up-to-date information, please visit our Evangel University Web-Site www.evangel.edu and become a fan of Evangel sports on Facebook and Twitter. Links can be found on our home page.

Levels of Membership

	BOOSTER \$150-299	KNIGHT \$300 - 499	CRUSADER \$500 - Up
Benefits	Certificate	Standing plaque	Wall Plaque

If you have questions, call the Evangel Athletics Department at (417) 865-2815, X 7282

NAME _____ DONATION AMOUNT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ BUSINESS PHONE () _____

DATE _____

PLEASE DEPOSIT MY DONATION IN: _____ GENERAL BOOSTER CLUB

_____ BASEBALL

_____ CHEERLEADING

_____ FOOTBALL

_____ MEN'S BASKETBALL

_____ MEN'S GOLF

_____ MEN'S TRACK/CC

_____ SOFTBALL

_____ WOMEN'S BASKETBALL

_____ WOMEN'S TENNIS

_____ WOMEN'S TRACK/CC

_____ VOLLEYBALL

Join the Evangel University Crusader Booster Club; please complete the above information and make your checks payable to: *Crusader Athletics, 1111 N. Glenstone, Springfield, Missouri 65802*