

# Manchester College

## Department of Athletics

**Athletic Training Services**  
Please Read *Before* Completing Forms

**To:** All Manchester College Intercollegiate Athletes  
**From:** Erin Foreman, Head Athletic Trainer  
**Subject:** Attached Forms

Attached are several forms, which are very important for you to complete and return to our office by the date indicated below. These forms must be on file in order for you to participate in intercollegiate athletics at Manchester College. Detailed instructions for completing the forms are provided. Please complete carefully!

### **Student Insurance Information Form**

Fill in all blanks, even if you have filled out similar forms previously. Please include a photocopy of both sides of your insurance card with this form.

If you are not covered by your parents' medical insurance policy, or if your parents have no medical insurance, you must provide a letter from parents' employers or the county welfare agency, etc. verifying lack of coverage. Include this letter when you return the Student Insurance Information Form.

### **Pre-Participation Physical Exam Form**

Answer all questions "yes" or "no" and provide detailed information for all "yes" responses in the spaces provided. Be Thorough!

If you have had a significant illness or injury in the past calendar year which required a physician's care, the treating physician must provide written documentation that the illness or injury is sufficiently resolved to allow you full athletic participation OR that your participation must be restricted in some way. Enclose any such documentation with your completed forms. FAILURE TO PROVIDE DOCUMENTATION MAY DELAY YOUR PARTICIPATION IN ATHLETICS.

Preseason screenings for athletes will be administered free-of-charge on campus prior to the beginning of your sports seasons (do not mark on the page titled, Medical Examination). THESE ATHLETIC PRE-SEASON SCREENINGS DO NOT REPLACE THE "CONFIDENTIAL REPORT OF MEDICAL HISTORY" FORM WHICH IS REQUIRED OF ALL ENTERING STUDENTS, AND WHICH IS REQUIRED TO RECEIVE A RESIDENCE HALL ASSIGNMENT. THERE ARE NO EXCEPTIONS!

**PLEASE SEND ALL REQUIRED INFORMATION TO THE FOLLOWING ADDRESS BY AUGUST 1**

**DO NOT WAIT AND BRING FORMS WITH YOU!!**

Erin Foreman, MS, ATC, LAT  
604 E. College Ave.  
Manchester College – PERC  
North Manchester, IN 46962

# MANCHESTER COLLEGE ATHLETIC INSURANCE INFORMATION

## PARENTS & ATHLETES - PLEASE READ!!!!

### PLEASE NOTE CHANGES EFFECTIVE IMMEDIATELY FOR ALL FIRST YEAR AND RETURNING ATHLETES.

1. The insurance carrier has changed and will be with K & K insurance out of Fort Wayne, IN.
2. There is now a \$250 deductible with each claim/injury that we submit to our secondary insurance carrier.
3. This \$250 deductible is the responsibility of the parent and/or the athlete UNLESS the primary insurance billed pays at least \$250. If this occurs then the deductible for the secondary insurance is met as well.
4. Please remember that it is not the responsibility of the college to pay the primary insurance deductible.

### Description

Manchester College does provide insurance coverage for those *accidents* which occur as a *direct result* of participation in an intercollegiate sport at the College. This coverage is a secondary policy, one which takes effect only *after* a claim has been filed with the primary insurer. Coverage of an athlete in a particular sport begins on the first day of organized and supervised practice of that sports season, and ends upon completion of the final contest of that sports season. Voluntary off-season workouts are NOT covered. The insurance covers accidents only (examples: sprains, strains, fractures) and does NOT cover medical "conditions" (examples: allergies, asthma, colds, fainting). Pre-existing conditions are also NOT covered. PLEASE NOTE THAT TESTS ORDERED FOR PROBLEMS (NOT RELATED TO PARTICIPATION IN MANCHESTER COLLEGE ATHLETICS) FOUND DURING THE PRESEASON SCREENINGS ARE ALSO NOT COVERED. The College policy will NOT provide coverage unless a current physical and a completed "Insurance Information Form" are on file with the Head Athletic Trainer, nor will an athlete be allowed to participate in athletics without these completed documents on file. With the secondary insurance there is a \$250.00 deductible per claim submitted to our secondary insurance carrier. This \$250.00 will be the responsibility of the parent and/or the athlete to pay unless the primary insurance carrier picks up \$250.00 before secondary insurance is billed.

### Procedures

A completed Insurance Information form must be on file with the Head Athletic Trainer. All medical bills for a covered accident, as described above, will be sent directly to the student-athlete or his/her parents. The following procedure should then be followed:

1. The injured athlete should make copies of all medical bills relating to injury;
2. Bills are submitted to the primary (usually the parent's) insurance carrier;
3. The primary insurance company will return an Explanation of Benefits (EOB) form to the insured. This form will detail exactly what has and what hasn't been paid on the particular claims secondary deductible that is the parent/athlete's responsibility.
5. If you have questions you should contact:

Erin Foreman ATC  
Manchester College  
604 E. College Ave. / Box PERC  
N. Manchester, IN 46962  
260-982-5945 or erforeman@manchester.edu

6. The Manchester College secondary policy should pay any remaining balance as long as the \$250 deductible has been met.

**\*\*If a parent's health insurance DOES NOT cover the student, a letter from the parent's employer(s) verifying this lack of coverage should accompany the student if he/she has a injury claim.**

### Responsibilities

- It is the student-athlete's responsibility to forward all medical bills to the parent(s) under whom he/she is covered by health insurance.
- It is the parents' responsibility to file claims with their insurance carrier and to provide claims information (the EOB provides this) to the College in a timely manner.
- It is the Head Athletic Trainer's responsibility to verify that claims meet the criteria for coverage, and to forward EOBs and itemized medical bills to the College's insurance carrier.

**IN ORDER TO BE COVERED BY THE COLLEGE POLICY, ALL MEDICAL CARE FOR ATHLETIC ACCIDENTS, AS DESCRIBED ABOVE, MUST RECEIVE PRIOR APPROVAL FROM THE HEAD ATHLETIC TRAINER.**

Athletic Training Office – 260.982-5945 or 260.982.5994

# Manchester College Department of Athletics

## STATEMENT OF RISKS & RELEASE OF LIABILITY AGREEMENT

Please check applicable sports:  Football  Soccer  Golf  
 Cross-country  Volleyball  Tennis  Basketball  
 Wrestling  Track  Baseball  Softball  Cheerleading

I, \_\_\_\_\_, am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of traveling to, playing, or practicing to participate in the above sport(s) may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I recognize the importance of following coaches', athletic trainers', and physicians' instructions regarding playing techniques, injury care, and other team rules, etc. I agree to report all injuries and any illnesses when they become evident to me, to the supervising certified athletic trainer or to the head coach of my sport. I further understand that any abuse of my equipment or any equipment relating to my sport could cause serious injury to me, my teammates, or my opponents if used improperly.

**I choose of my own free will to accept the above disclosed risks, and in consideration of Manchester College allowing me to participate in College sponsored athletics and to use the facilities and equipment of the College, I, for myself and my heirs, personal representatives and assigns, hereby release and forever discharge Manchester College and its officers, agents, trustees, employees, coaches and training staff of and from any and all liability, actions, causes of action, claims or demands which have or may hereafter accrue to me as a result of any injury or illness I may incur as a result of my participation in intercollegiate athletics and/or travel, practice and training in connection therewith.**

In the event of an emergency, I hereby authorize and direct Manchester College to send me to the hospital or the physician most readily accessible and/or to administer necessary emergency care.

*I hereby certify that I read and understand the above statement, and that I have had an opportunity to ask for explanation or clarification of any portion I did not understand.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of student-athlete

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's signature if athlete is under 18 years of age



**CONSENT TO TREAT AND  
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I hereby authorize medical treatment for said athlete at Manchester College by the athletic trainers, physicians, and staff of Orthopaedics NorthEast, P.C. or Manchester College. A family member can be reached at \_\_\_\_\_ (phone number) in the case that additional treatment or information is required. I understand that if the said athlete is seen by a physician at Orthopaedics NorthEast, P.C. and my insurance requires prior approval, I will be responsible for notifying my family physician.

I also hereby authorize the release of any and all information regarding any medical treatment received by me for injury or illness while participating in athletics at Manchester College to that institution's Athletic Training staff, which includes employees of Orthopaedics NorthEast and Insurance Carriers. I expressly authorize communications between the Head Athletic Trainer, or any designated member of the athletic training staff, and physicians at Orthopaedics NorthEast, or any other physician or health care professional regarding my physical condition as it relates to my participation in athletics at Manchester College. I also authorize the athletic training staff to release said information to said institution's administration and to my current coaching staff for the purpose of informing them of my playing status. Orthopaedics NorthEast employees may disclose information to the aforementioned individuals; however, this does not prevent those individuals from disclosing the information further, and Orthopaedics NorthEast will not be held responsible for such further disclosure of information.

This authorization is valid until and unless revoked by me in writing.

A photocopy of this authorization shall be considered as valid as the original.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

S.S.# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

Signature of parent/guardian if the athlete is under the age of 18:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

# Manchester College

## Department of Athletics

### Student/Athlete Insurance Information

Athlete's Name \_\_\_\_\_ Sport(s) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

### Permanent Home Address

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

### Campus Information

Campus Box #: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Residence Hall: \_\_\_\_\_

### Parental Contact Information

Father/Guardian's Name: \_\_\_\_\_ Mother/Guardian's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

SS # \_\_\_\_\_ SS # \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Does the student have medical health insurance under a parent's policy? YES \_\_\_\_\_ NO \_\_\_\_\_

Is your health insurer considered a Health Maintenance Organization (HMO) \_\_\_\_\_?

Is the school insurance (Bollinger) your primary insurance carrier? YES \_\_\_\_\_ NO \_\_\_\_\_

I/We authorize Manchester College or its insurance agent to pay the medical vendors directly for any bills incurred from a **covered** intercollegiate athletic accident(s)

Students Signature: \_\_\_\_\_ Parent's Signature (if under 18): \_\_\_\_\_

**Please Include a Copy of Both Sides of Your Insurance Card  
with this Completed Form.**

# Preparticipation Physical Evaluation

Date of Exam \_\_\_\_\_



Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print) Last First MI

Year \_\_\_\_\_ School: \_\_\_\_\_ Sports: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

**In case of emergency, contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

**Explain "Yes" Answers below.**  
**Circle questions you don't know the answers to.**

	Yes	No					
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>					
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>					
3. Are you currently taking any prescription or nonprescription medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>					
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>					
5. Have you ever become dizzy or passed out <b>DURING</b> exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
6. Have you ever become dizzy or passed out <b>AFTER</b> exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
7. Have you ever had chest discomfort, pain or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
9. Has a doctor ever told you that you have: (check all that apply)							
<input type="checkbox"/> High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart infection	<input type="checkbox"/>	<input type="checkbox"/>					
10. Has a doctor ever ordered a test for your heart? (ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>					
11. Has anyone in your family ever died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>					
12. Does anyone in your family have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>					
13. Has any family member or relative died of heart problems or sudden death before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>					
14. Does anyone in your family have Marfan's syndrome?	<input type="checkbox"/>	<input type="checkbox"/>					
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>					
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>					
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle the affected area below:	<input type="checkbox"/>	<input type="checkbox"/>					
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>					
19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>					
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot/Toes
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>					
21. Have you ever been told that you have or have had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>					
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>					
23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>					

	Yes	No
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is there anyone in your family with asthma?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
27. Were you born without or are you missing a kidney, an eye or testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you had infectious mononucleosis (mono) or within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you have any rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
30. Have you had a herpes infection?	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
33. Have you ever had seizure?	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
35. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
41. Do you wear protective eyewear such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
42. Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you have concerns that you would like to discuss with the doctor?	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEMALES ONLY:</b>		
47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
48. How old were you when you had your first menstrual period? _____		
49. How many periods have you had in the last 12 months? _____		
<b>Explain "Yes" answers here:</b> _____		
_____		
_____		
_____		
_____		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 years of age)