MIDDLE TENNESSEE STATE UNIVERSITY

ATHLETE DEMOGRAPHIC INFORMATION

NAME: _____
Last First Middle

SOCIAL SECURITY #:_____ **MTSU M#:**_____

BIRTHDATE:_____/_____/_____ **YEAR IN SCHOOL:** _____

SPORT: _____

CELL PHONE#: _____

MTSU ADDRESS: _____

_____

PERMANENT ADDRESS: _____

_____

PERMANENT PHONE #: _____

MOTHER/GUARDIAN:_____

ADDRESS: _____

_____

HOME PHONE #: _____

WORK PHONE #: _____ **CELL PHONE #:** _____

FATHER/GUARDIAN: _____

ADDRESS: _____

_____

HOME PHONE #: _____

WORK PHONE #: _____ **CELL PHONE #:** _____

EMERGENCY CONTACT: (In USA)

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

_____

HOME PHONE #: _____

WORK PHONE #: _____**CELL PHONE #:** _____

MIDDLE TENNESSEE STATE UNIVERISTY ATHLETIC DEPARTMENT

ASSUMPTION OF RISK WAIVER

Participation in the sport of _____ requires an acceptance of risk of injury. Middle Tennessee State University has taken reasonable precautions to minimize the risk of significant injury by providing competent coaching and instructions, well maintained equipment and facilities, proper conditioning programs, and appropriate medical care.

The chances of an athlete sustaining a catastrophic sports injury are extremely remote, yet understand that serious injuries can happen. Participation in your sport could result in death, serious head, neck, and spinal injuries which may result in complete or partial paralysis, brain damage; concussions; serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system or impairment to other aspects of your body, general health and well being.

By signing this Assumption of Risk Waiver, you do so assume the risks of becoming injured while participating in your sport at Middle Tennessee State University.

Athlete's Signature _____ Date: _____

Parent or Guardian's Signature _____ Date: _____
(if student-athlete is under 18)

Dear Parent or Guardian:

We are pleased to have your son/daughter as a student athlete in our Middle Tennessee State University Athletic Department. Our athletic accident policy, entitled "Excess" coverage, provides insurance for your son/daughter for **injuries/illness** that occur while participating in the play, practice, or training of **intercollegiate sports at Middle Tennessee State University under the supervision of a coach or athletic trainer.**

MTSU SPORTS MEDICINE INSURANCE & MEDICAL CARE POLICIES

1. The NCAA will only allow the University to pay for treatment of injuries that occur as a direct result of the athlete's participation in their sport. **The University may not pay for the treatment of injuries or illnesses that occur from causes other than the athlete's direct participation in their sport. For example, injury from an auto accident, intramural activity, appendicitis, or an illness in the off-season CAN NOT be covered.**

2. **The NCAA will not allow the University to pay for treatment of dental problems, which do not occur as a direct result of participation in a sport.** For example, the University may pay for the repair of a chipped tooth in practice, but cannot pay for treatment of routine cavities, cleaning of teeth, root canal procedures, or the extraction of wisdom teeth.

3. **Eye injuries/problems that occur as a direct result of participation in sports may be paid for by the University. Contacts, glasses, or protective eyewear (e.g.: goggles) that are necessary for an athlete's participation in intercollegiate athletics may be financed by the University, per NCAA guidelines.** The University is **NOT** responsible for reading glasses or other eye wear utilized for everyday activities. The University is also **NOT** responsible for routine eye exams or continued supplying of contacts for student-athletes who are already wearing contacts prior to their arrival at MTSU. All other expenses for vision needs will be at the discretion of the Head Athletic Trainer and the Director of Athletics.

4. Middle Tennessee State University, like most colleges and universities across the country carries, excess or secondary insurance on its athletes. **This means that all medical bills incurred by an athlete, as a result of direct participation in athletics must first be filed with the family or group insurance**. The family or group insurance must pay the maximum coverage before MTSU's excess plan is used to pay the remainder of the bill.

5. The hospital and physicians retained by Middle Tennessee State University will file the insurance claim should the need arise. MTSU's plan will pay for all deductibles and any portion of the charges, which the primary insurance does not pay. **Parents or athletes should never pay anything out-of-pocket for an athletic injury occurring under direct supervision of a coach or athletic trainer while at MTSU**. MTSU's coverage pays for all amounts, which the primary insurance does not cover as long as the injury occurred as a result of athletic participation, and MTSU's team of physicians are used for all care and treatment.
6. **Should an athlete choose medical services from providers other than those retained by Middle Tennessee State University, the athlete and his/her parents will be solely responsible for any and all charges incurred**.

7. Should the athlete or parent receive bills for services rendered for an athletic injury, they should be mailed to the Middle Tennessee State University Sports Medicine Department. NCAA Rules and Regulations strictly prohibit a parent/guardian from keeping such a payment and hence from profiting from an athletic related injury.

Excess coverage simply means that the policy pays benefits only after taking into consideration those amounts payable under any other insurance plan. The university does not have the option of waiving this provision. However, this will be of no cost for you. The healthcare provider would submit your son's/daughter's medical bills to your family health insurance company and they would pay that part for which your son/daughter was covered. MTSU will pay any remainder including meeting your deductible. This will not affect your group insurance premiums.

When a claim is filed against your insurance, you will receive bill(s) from the provider. Any type of billing or checks from your insurance company for medical services originating from your son/daughter's participation at Middle Tennessee State University, should be sent to:

George Camp
MTSU Sports Medicine Department
Murphy Center P.O. Box 77
Murfreesboro, TN 37132
615-898-5095

To assist us in providing medical coverage for your son/daughter, please fill out and return the accompanying forms. To ensure that medical expenses are paid in a timely manner, please inform us of any changes in your insurance coverage. If you have any questions or if we can be of any help to you, please feel free to call me at 615-904-8304.

Thank you for your cooperation in this matter.

Sincerely,

Drew Shea, MS, ATC, LAT
Head Athletic Trainer
615-904-8304

Please sign below to indicate that you have read and understand the above policy regarding medical insurance coverage and billing procedures.

_____ _____
Signature of Athlete **Date**

_____ _____
Signature of Parent / Guardian / Policy Holder **Date**

MIDDLE TENNESSEE STATE UNIVERSITY
SPORTS MEDICINE DEPARTMENT

HIPAA Authorization Form
For The Use Or Disclosure of Health Information

I, the undersigned, authorize the Middle Tennessee State Sports Medicine Department to use and/or discuss with any health care provider involved in my medical training or rehabilitative care or treatment, which shall include, but not limited to, any doctor, nurse, physician's assistant, emergency medical technician, athletic trainer, and any person(s) responsible for the payment for such care or treatment, such health information as the Sports Medicine Department reasonably believes under the circumstances, which I understand may include an emergency, may be necessary or beneficial to my care and/or treatment.

This HIPAA Authorization shall also permit the Department to use and/or disclose my health information pertaining to my athletic related injuries and/or conditions to:

1. The Coaching staff
2. The Athletic Administration and support staff
3. The Office Media Relations
4. The local and/or national media
5. The NCAA Conference or any other governing body
6. Family members

The HIPAA Authorization shall be valid beginning July 1, 20_____through June 30, 20_____, which represents the period of time that I am participating in training, practice, and competition at Middle Tennessee State University.

I understand that any decision to use and/or disclose health information about me may be made on behalf of Middle Tennessee State University by any one of the Sports Medicine Department's team of physicians, athletic trainers, or any doctor, nurse, emergency medical technician, physician's assistant, or other persons involved in providing medical and/or training/rehabilitative care or treatment to me.

The health information that may be used and/or disclosed may include, but shall not be limited to, all information contained on my "Health History Questionnaire" provided to the athletic training staff, all information from my "Pre-Participation Physical Examination" done for the Sports Medicine Department, and all other information obtained in providing medical and/or training/rehabilitative care or treatment to me during the time that I began participating in training, practice, and competition as a student-athlete at Middle Tennessee State University.

This HIPAA Authorization shall not apply to health information that is specifically prohibited by law to be disclosed without my specific authorization, or that the Sports Medicine Department, by its policies in effect from time to time, declares that it will not disclose without my specific authorization. Should I desire the release of such health information, I understand that I must provide a further specific authorization to Middle Tennessee State University and/or the Sports Medicine Department complying with applicable laws for the disclosure of such health information.

I understand that I have the right to revoke this HIPAA Authorization in writing at any time, except to the extent that the Sports Medicine Department has already relied upon this Authorization. I also understand that the signing of this General Authorization is a prerequisite to my participation in the athletic program at Middle Tennessee State University, and that in the event that I choose to revoke this HIPAA Authorization I must submit my revocation in writing to the Head Athletic Trainer, Middle Tennessee State University Sports Medicine Department, 1500 Greenland Dr. Box 77, Murfreesboro, Tennessee 37132

I understand that when my health information is disclosed pursuant to this HIPAA Authorization it may be subject to re-disclosure by the recipient.

Dated: _____, 20_____ _____
Student-Athlete Signature

_____ _____
Printed Name Date of Birth

_____ _____
Home Address City State Zip

If the student-athlete is under 18 years of age the following consent is required:

Dated: _____, 20_____ _____
Parent/Guardian Signature

_____ _____
Relationship to Minor Printed Name

_____ _____
Address of Parent/Guardian City State Zip