



Longwood University Insurance Information

Name of Athlete _____ Sport _____
 Social Security No. _____ Date of Birth _____
 College Address _____ Contact No. _____
 Home address _____

Father/Guardian _____ Date of Birth _____
 Social Security No. _____ Home Phone _____
 Address _____
 City _____ State _____ Zip _____
 Employer _____ Work Phone _____
 Employer address _____
 Insurance company name _____ Policy number _____
 Insurance Address _____
 Insurance phone _____

Mother/Guardian _____ Date of Birth _____
 Social Security No. _____ Home Phone _____
 Address _____
 City _____ State _____ Zip _____
 Employer _____ Work Phone _____
 Employer address _____
 Insurance company name _____ Policy number _____
 Insurance Address _____
 Insurance phone _____

Is the insurance company a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO)? HMO ___ PPO ___ N/A ___ Referral required? Yes ___ No ___
 If Yes give name of primary care/referring physician
 Physician Name _____ Phone No. _____

In the event that an injury, illness or emergency arises during my participation at Longwood University, permission is hereby granted to the attending physician, athletic training staff, or other agent (coaches, EMTs, police, etc.) to proceed with any treatment deemed medically necessary, including, but not limited to, transport, evaluation, surgery, procedures, tests and follow-up care.

I authorize any physician and/or hospital to file claims with my primary insurance company, and release such information as relates to any illness, injury or insurance claim to the Longwood University medical and athletic staff and/or its designated insurance agents (Student Athletic Protection, Inc.).

By signing this form you acknowledge you have read and agree to follow all Longwood University insurance policies and procedures.

Signature _____ Date _____

Parent Signature _____ Date _____
 (must sign regardless of Student-Athlete's age)

A legible copy of both sides of the athlete's primary insurance card
MUST BE ATTACHED



Longwood University Updated Health History

Sport _____ NAME _____
Last First MI

Date of Last Clearance by Longwood Univ. Athletic Training Dept.: _____

The effectiveness of this procedure is dependent upon an honest and complete update of recent health status. Please answer all questions and freely communicate any concerns you may have with your physician. All information will be held in strict confidence.

Please Explain any YES answers on the back of the form.

- | | | |
|--|-----|----|
| 1. Have you been hospitalized or required the services of a medical doctor since you were last given medical clearance by the Longwood Univ. Athletic Training Dept? | YES | NO |
| 2. Have you experienced an injury to your bones, joints or muscles since you were last given medical clearance by the Longwood Univ. Athletic Training Dept? | YES | NO |
| 3. Have you recently developed any known allergies? | YES | NO |
| 4. Have you recently received any immunizations? | YES | NO |
| 5. Have you recently experienced any significant change in weight? | YES | NO |
| 6. Are you currently taking any medications? | YES | NO |
| 7. Have you experienced any chest pain with activity? | YES | NO |
| 8. Have you experienced any dizziness with activity? | YES | NO |
| 9. Have you experienced any unexplained shortness of breath or fatigue with activity? | YES | NO |
| 10. Do you have any family history of premature death or morbidity from Cardiovascular disease in a relative < age 50? | YES | NO |
| 11. Prior history of heart murmur or increased blood pressure? | YES | NO |
| 12. Do you know of, or believe there is any health reason why you should not participate in the intercollegiate athletic program at this time? | YES | NO |
| 13. Do you have any worries about your health or any other question that you would like to discuss with a doctor? | YES | NO |

I, the undersigned, hereby swear that all the information stated above is completely true and correct.

ATHLETE'S SIGNATURE _____ Date _____

TO BE COMPLETED BY ATHLETIC TRAINING DEPARTMENT PERSONNEL

Height: _____ (inches) Weight: _____ (lbs.) Pulse: _____ B/P: _____

ATC Signature Physician Signature Date



Longwood University Assumption of Risk statement

READ the following statements carefully, if you have any questions feel free to ask, when you fully understand all statements sign and date the form.

Having passed the sports participation medical review and screening exam **does not** necessarily mean you are physically qualified to engage in strenuous physical exercise and athletics, but only that the examiner(s) did not find a medical reason to disqualify you at the time of said review and screening.

I am aware that playing, practicing or trying out in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that these dangers and risks include, but are not limited to, **death**; serious neck/spinal injuries, which may result in complete or partial paralysis; brain damage; serious injury to virtually all bones, joints, ligaments, muscles, tendons, and 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 participation in athletic activity may also impair my future abilities to earn a living, to engage in other business, social, recreational activities, and generally enjoy life.

Because of the dangers of participating in athletics, I recognize the importance of following the instructions of coaches and staff regarding playing techniques, training, and other team rules, etc., and agree to obey such instructions.

I understand that my participation is VOLUNTARY. In consideration of Longwood University permitting me to voluntarily engage in all activities related to the team, including, but not limited to, trying out, practicing, and participating in athletics. I hereby assume all risks associated with my participation, and agree to hold the Commonwealth of Virginia, Longwood University, its employees, agents, representatives, coaches, volunteers harmless from any and all liability, actions, causes of action, debt, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activity related to athletics at Longwood University. **The terms hereof shall serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, and for all members of my family.**

Name: _____ Sport: _____

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent signature required only if under 18)