

PRE-EXISTING CONDITION WAIVER AND RELEASE

Please complete this form if you have **any** previous injuries that were sustained **prior to playing for La Sierra University's Athletics, for which you are still receiving treatment/medical care. (Please print this as this goes with you to your physical as well).**

Name _____ Sport _____ Date _____

I have been informed by my physician, that I have the following physical condition(s): _____

The physical condition(s) set forth above has/have existed prior to the date of my pre-participation physical examination for participation in the athletic program at La Sierra University Athletics.

I have received a full explanation from my physician/team physician, and fully understand that continued participation in sports may result in deterioration or aggravation of such pre-existing condition(s) rendering me physically disabled or permanently handicapped.

Nevertheless, I desire to continue to play and hereby assume the risk of the matters set forth above.

Because I desire to play or participate in the sport of _____ at La Sierra University, I hereby waive and release La Sierra University, the team physicians and their agents and employees of the same and its athletic trainers and coaches from any and all liability and responsibility.

*** If under the age of 18, please have the parent/guardian complete the section below.***

I/We, Mr./Mrs. _____ the parents of _____ have been informed of the above referenced pre-existing physical condition. Being aware of the student's desire to participate in the athletic program(s) at La Sierra University, I /We understand that afore mentioned condition is not covered by La Sierra University secondary medical insurance.

Printed name of Athlete

Signature of Athlete

Date

Printed name of Physician (MD or DO only)

Signature of Physician (MD or DO only)

Date

If athlete has not reached his/her 18th year, parents or legal guardian must sign below:

Printed Name of parent/guardian

Signature of parent/guardian

Date

Relationship to athlete

DATE: June 1, 2022
TO: LSU Student-Athletes and Parents
FROM: Brian Murphy, MSS, ATC
Head Athletic Trainer
SUBJECT: LSU Intercollegiate Athletics Requirements

ATHLETIC CLEARANCE POLICY

In order to try out or participate in the Athletics program at La Sierra University, every student must complete the required athletic training forms that are available online. Please refer to the scenarios below to clarify what is needed for each individual. All forms and documentation must be turned into the athletic trainer's office prior to the student being allowed to try out or practice. Please note: A fall quarter student-athlete who arrives for preseason without paperwork completed and submitted will not be allowed to try out or practice.

Submit all required paperwork by **1 week prior to your first practice/conditioning date** to:

Athletic Trainer - Medical Forms
La Sierra University
4500 Riverwalk Pkwy
Riverside CA 92515

New Students

Scenario 1

New students with a benign medical history - no previous significant injuries or illnesses requiring treatment or the athlete to sit out.

1. Go online and complete all required insurance forms at :http://www.lsgoldeneagles.com/Athletic_Training

Submit all required form:

- ❖ **Medical History Questionnaire** completed and signed by the student and parent/guardian if student is a minor through ATS
- ❖ **Physical Examination Form** signed by the treating physician. The physician must be a board certified **Medical Doctor (MD) or Osteopathic Doctor (DO) only.** (Women only must submit a current hemoglobin value).
- ❖ **Emergency Contact and Insurance Information** form.
- ❖ **Acknowledgement of Insurance Requirements** form.
- ❖ **Insurance card**—photocopy front and back of your insurance card (through ATS)
- ❖ **Athletic Consent Form** signed by the student and parent/guardian if athlete is a minor (ATS).
- ❖ **Parental Consent** for medical treatment for a Minor signed by the student and parents, if student is under 18.

- ❖ **Shared Responsibility for Risk** form signed by student and parents (ATS)
- ❖ **Student-Athlete Nutritional Supplement Disclosure and Review** form signed by the student and parent/guardian if student is a minor.
- ❖ **Pre-Participation Information** form administered by the athletic training staff at the time of medical clearance.
- ❖ **Sickle Cell information/results (See ATS)**

Scenario 2

New students with a significant previous injury or illness that required treatment. This includes incompletely healed injuries.

Complete and submit all forms as described in Scenario 1.

- ❖ Submit all documentation for injuries, surgeries, etc. that required medical care. Documentation includes the following: operative notes, copies of x-rays, MRI's, bone scans, doctor's office visit notes and radiology reports.
- ❖ Submit a letter of release for full, unrestricted participation in the specific sport (s) that the student is trying out for at the University. This letter must be written by the treating physician or surgeon.

Returning Students

Scenario 1

Returning student with no significant injury or illness requiring medical treatment during the off-season.

1. Go online and complete all insurance forms at :http://www.lsgoldeneagles.com/Athletic_Training

Submit all required forms:

- ❖ **Emergency Contact and Insurance Information** form.(ATS)
- ❖ **Acknowledgement of Insurance Requirements** form.
- ❖ **Insurance card**—photocopy front and back of your insurance card (ATS)
- ❖ **Athletic Consent** form signed by the athlete. (ATS)
- ❖ **Nutritional Supplement Disclosure and Review** form signed by the athlete.
- ❖ **Shared Responsibility for Risk** form signed by the student administered by the athletic training staff. (ATS)

- ❖ **Pre-Participation Information** form administered by the athletic training staff.

Scenario 2

Returning student with an injury or illness occurring over the summer requiring medical treatment. This includes any incompletely healed injuries.

Complete and submit all forms described in Scenario 1.

- ❖ Submit all documentation for injuries, surgeries, etc. that required medical care. Documentation includes the following: operative notes, copies of x-rays, MRI's, bone scans, doctor's office visit notes and radiology reports.
- ❖ Submit a letter of release for full, unrestricted participation in the specific sport (s) that the student is trying out for at La Sierra University. This letter must be written by the treating physician or surgeon.

POLICY REGARDING**INSURANCE COVERAGE**

The primary responsibility for insurance coverage for injuries incurred while participating in intercollegiate athletics rests with the individual student-athlete and his or her family.

What is the insurance requirement at La Sierra University?

Every student must have medical insurance that is **comparable** to La Sierra University NAIA-compliant Intercollegiate Sports, Health and Accident insurance coverage plan. Annually, students and their parents must go on-line complete and submit proof of primary insurance coverage.

What is the Department of Athletics insurance requirement for participation on an intercollegiate athletic sports team, and how can I satisfy this requirement?

Every student-athlete must have medical insurance that is **comparable** to La Sierra University NAIA-compliant Intercollegiate Sports, Health and Accident insurance coverage. The insurance requirement for participation in intercollegiate athletics may be satisfied by obtaining insurance coverage that is comparable to the University's NAIA-compliant Intercollegiate Sports, Health and Accident insurance coverage plan.

What is La Sierra University Department of Athletics insurance agreement?

All full-time student-athletes of La Sierra University who participate in covered sports. Covered sports played in NAIA and there is no football coverage. Covered Sports are: basketball, volleyball, soccer, softball, baseball and cross-country. In order to assure that student-athletes seek prompt care for any injuries sustained while participating on an intercollegiate athletic team, the Department of Athletics will assist the athlete in obtaining emergency treatment and by assisting in the completion of the AIG medical claim form. It is the responsibility of the athlete to submit all medical billing invoices to the Relation insurance company.

Does this reimbursement policy apply to illnesses or medical conditions that may affect athletic participation?

The \$75,000 maximum medical benefit is only for University athletic injuries. Many medical conditions such as asthma, diabetes, sickle-cell anemia, allergies, eating disorders, etc. and illnesses such as flu and strep throat may affect a student's ability to continue practicing and competing. Tests, treatments, prescriptions, etc. for medical conditions and illnesses are the sole responsibility of the student-athlete and are not covered under the departmental athletic insurance coverage (La Sierra Univ. NAIA-compliant Intercollegiate Sports, Health & Accident Insurance).

What happens if I choose to cover my son/daughter with an insurance policy that is not comparable to the University's Athletic insurance plan?

If you choose to cover your son/daughter under your insurance policy and your insurance is not comparable to La Sierra University's insurance plan, the Department of Athletics will not be responsible for any medical bills incurred by your son/daughter for injuries directly related to athletic sport participation.

What injuries are covered by La Sierra University Department of Athletics?

The University Athletic Department covers activities while participating in any regularly scheduled, sponsored and supervised athletic game, competition or a practice session for an athletic team, while traveling to and from a game, competition or practice session, while traveling with the athletic team as a group, under the direct supervision of the athletic team, or an adult chaperone authorized by the athletic team during the NAIA defined playing and practice season.

What is not covered by La Sierra University Department of Athletics?

The University Athletic department does not and cannot cover any personal illnesses (at any time), diagnostic tests or surgery for preexisting conditions, or injuries incurred by a student-athlete outside of the NAIA practice and competition season. This includes injuries incurred in high school, recreational or intramural sports participation and during summer training. (See pre-existing condition waiver and release form).

What do I need to provide if my son/daughter has an insurance claim directly related to an injury sustained while practicing or competing in a La Sierra University Intercollegiate sport sponsored event?

If there is a balance due on any bills from an injury that falls within the "Covered Injuries" category after the student/athlete's insurance company has made payment to the maximum allowable limit, the student and parents must provide the athletic trainers with copies of all original itemized bills and copies of all insurance company Explanation of Benefits Statement (EOBs) **within 60 days of treatment**. The EOBs should indicate original charges, amount paid by the insurance company and balance still due. Any bills and EOBs submitted after 1 years of the date of treatment will be the responsibility of the student/parents.

Itemized Bills and Insurance Explanation of Benefits Statements must be submitted to:

Athletics Department - Insurance Claims

4500 Riverwalk Pkwy Riverside CA 92515

What must I do if my son/daughters insurance policy changes at any time throughout the school year?

If at any time during the school year there are any changes in insurance coverage, the student-athlete must notify the athletic training staff immediately. A new "Emergency Contact and Insurance Information" form must also be re-submitted within 30 days of this change. You are also required to notify the Insurance Representative for the University within 30 days of your insurance changes.

What must I do if my insurance policy requires pre-certification or pre-authorization for any services?

If the student-athlete's insurance requires preauthorization for any (outpatient/inpatient) services, the student-athlete or parents are responsible for obtaining this approval.

How is my son/daughter covered if there is a catastrophic injury while participating in intercollegiate athletics at La Sierra University? The Department of Athletics participates in the "NAIA Catastrophic Athletic Injury Insurance Program". This program provides medical benefits to student-athletes who are catastrophically injured during competition, practice or travel related to intercollegiate athletic participation. More information on this program may be found on the NAIA's web site at www.naia.org

**LA SIERRA UNIVERSITY
EMERGENCY CONTACT and INSURANCE INFORMATION FORM**

Name _____
Last Name (print) _____ First Name (print) _____
Cell Phone _____ Home Phone _____
Date of Birth _____ (DD/MM/YYYY) Sport _____
LSU ID# _____ SSN# _____ Academic Year _____

This Acknowledgement of Insurance Requirements must be read and understood and this form completed **PRIOR** to the student-athlete in practice and/or competition.

Emergency Information

Contact Name _____ Relation _____ Email Address _____
Address _____
Home Phone _____ Work Phone _____

Medical Information

Primary Physician _____ Office Phone _____
Address _____

Medical Insurance Information

Policy Holder Name _____
Relationship to Student Athlete _____
Address of Policy Holder _____
Home Phone _____ Work Phone _____
Insurance Company Name _____
Insurance Co. Address _____
Group # _____ I.D. # _____
Effective Date of Policy _____ Expiration Date _____
Policy Limit _____
Policy Deductible _____
Policy Co-Pay _____
Does the policy cover athletically-related injuries? YES NO (circle one)

I, _____, attest that I have insurance coverage under a current, in force insurance policy for injuries that occur during my participation in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify La Sierra University of this development and update the insurance information I have on file with La Sierra University.

I understand and agree that La Sierra University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at La Sierra University.

Student-Athlete Signature and Date

Parent/Guardian Signature and Date

THIS FORM MUST BE SIGNED AND RETURNED TO THE DEPARTMENT OF ATHLETICS BY AUGUST 1, 2021 OR 1 WEEK PRIOR TO YOUR FIRST SCHEDULED PRACTICE AND/OR CONDITIONING REPORT DATE.

**LA SIERRA UNIVERSITY ATHLETIC DEPARTMENT
ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS**

All La Sierra University student-athletes must provide evidence of insurance that includes coverage for athletically-related injuries. This is a prerequisite for practice and competition. No student will be allowed to participate in any way until such evidence of current insurance coverage is on file with the La Sierra University department of athletics. The Acknowledgement of Insurance Requirements form and your insurance card, or photocopy of both sides, must be on file before a student can participate.

Insurance coverage must have a limit of at least \$75,000 and cover athletically-related injuries.

If your insurance does not meet these requirements, La Sierra University will review the individual circumstances to determine if the insurance meets the insurance coverage requirement.

La Sierra University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at La Sierra University.

If you have questions regarding the terms of your coverage, you should contact your insurer immediately. Please be sure to note if there are any exclusions in your policy regarding athletically-related injuries.

The NAIA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a \$75,000 maximum limit and a \$100 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at La Sierra University. It is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NAIA's web-site at www.naia.org.

To be signed by policy holder (parent/guardian), NOT the student-athlete:

I, _____, as policy holder attest that
Name (please print)

_____ has insurance coverage under a current, in force insurance policy that
(student -athlete name)

meets the above requirements for injuries that occur while he/she is participating in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify La Sierra University of this development and update the insurance information I have on file with La Sierra University.

I understand and agree that La Sierra University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at La Sierra University.

Signature

Date

**YOU MUST INCLUDE A COPY OF YOUR CURRENT
INSURANCE CARD (FRONT AND BACK) WITH THE
COMPLETED EMERGENCY CONTACT INSURANCE INFORMATION. PLEASE MAKE SURE IT HAS ALSO
BEEN UPLOADED INTO THE ATS INJURY SOFTWARE!!**

**THIS FORM MUST BE SIGNED AND RETURNED TO THE DEPARTMENT OF ATHLETICS PRIOR TO AUGUST 1, 2021 or PRIOR TO
YOUR FIRST DATE OF PRACTICE/CONDITIONING!**

La Sierra University
Department of Athletics
Attn: Brian Murphy, MSS, ATC
Head Athletic Trainer
La Sierra University
4500 Riverwalk Parkway
Riverside, CA 92515