

Millsaps College
Department of Athletics
1701 North State Street
Jackson, MS 39210

Murray Burch, MA, ATC – Head Athletic Trainer
Alan Brewster, BS, ATC – Asst. Athletic Trainer
Gene Barrett, MD – Team Physician

Dear Parents/ Guardians and Prospective Student-Athletes,

In accordance with NCAA regulations, prospective student-athletes must receive physician clearance prior to participation in tryouts for any intercollegiate sport. After teams have been selected, athletes will receive physicals from the Millsaps College Sports Medicine Staff in accordance with the guidelines. In addition to (and prior to) this physical, the following information must be filled out and returned, and a copy of the athlete's insurance must be on file. Please return this form to Millsaps College Sports Medicine by July 15. All students participating in intercollegiate sports at Millsaps College must have primary insurance coverage. You will not be permitted to participate until all the information listed has been received.

Please carefully read the information regarding insurance claim procedures. The Department of Athletics provides excess insurance coverage for intercollegiate athletic injuries. As this excess insurance coverage is for varsity athletic injuries only, please retain your current insurance coverage. After you read these claim procedures, please sign and return this form, which acknowledges that you read and understood the information. As we need to keep the original signature on file, please mail the original. Faxed or emailed documentation will not be accepted. This form must be signed by a parent or guardian if the athlete is under 18, but it is recommended that both parents and athletes read the information.

The medical information requested by Millsaps College Sports Medicine is in addition to, and not in place of the medical information requested of all students from the Student Health Center. Please complete any forms you receive from them as well, and also please note that information is mailed separately. Please contact us if you have any questions regarding this information or any other aspect of the Sports Medicine program.

Sincerely,

Murray Burch
Head Athletic Trainer
601-974-1187 (w)
mburchm@millsaps.edu

MILLSAPS COLLEGE - INTERCOLLEGIATE ATHLETICS PROGRAM POLICY RELATED TO INJURIES TO PARTICIPANTS

Millsaps College is concerned about the total educational experience of each of its students and views its athletics program as an important component of this experience. The program is guided by the philosophy of voluntary student participation, a philosophy also espoused by Division III of the National Collegiate Athletics Association (NCAA), of which the College is a member.

A basic element in any athletics program is treatment of the injuries suffered occasionally by student-athletes while participating in the program and the assignment of responsibility for payment of those costs associated with the treatment. In keeping with the voluntary nature of NCAA Division III programs, the primary source for the payment of such costs is the student-athlete or his or her family. It is expected that each student-athlete or his or her family will have health insurance that would apply in these situations. It is the responsibility of the student-athlete or his or her family to ensure their insurance covers potential injuries that may occur while participating in varsity sports at Millsaps College. In those instances where this is not the case, the College reserves the right to review the matter and limit the extent of participation in the athletic programs by the student-athlete involved if, in the judgment of the College, it is deemed appropriate.

The College will assist the student-athlete and his or her family in the payment of injury-related cost within the following guidelines:

1. The College will submit to our carrier the remaining costs after the full amount of the student-athlete's family insurance is used.

2. **The College will no longer assist with deductibles/co-payments on family insurance policies.**

3. After total costs reach \$75,000, whether paid by the insurance of the student-athlete or his/ her family or by the College, the College will provide no further direct assistance. However, at this point benefits from the Lifetime Catastrophic Athletics Injury Insurance procured by the College from the NCAA will become payable.

4. The College's assistance in the payment of charges, as described above, is limited to those charges associated with the treatment of injuries sustained while participating in the athletic program and does not cover treatment of illnesses, such as colds, flu, and the like, or injuries related to activities outside the athletic program.

5. The College will not pay for costs exceeding the standard medical charges approved by the insurance company, which are also termed UCR limitations.

6. Millsaps College does offer insurance; however, you should know that it **does not** cover injuries related to College athletics.

The College will endeavor to assure that injuries sustained while participating in the athletics program are treated immediately by trained sports medicine physicians and athletic trainers. When a student-athlete is off campus, any treatment of an injury previously sustained while participating in the athletics program must receive prior approval from the College's Director of Athletics or the pertinent Head Coach, if the College is expected to be responsible for the bill, or a portion thereof, of the treatment, unless the situation is life threatening.

All student-athletes (returning, incoming freshmen, and transfers) need to complete this consent form and information sheet. **Please return these forms by July 15 to the Millsaps College Athletics Department.** If they are not on file in the trainer's office, you will not be able to participate in Millsaps athletics.



Athletic Consent Form

PLEASE READ THE FOLLOWING CONSENT FORMS CAREFULLY:

(If you are under 18 years of age, your parents/guardian MUST also sign)

The basic content of each consent is:

A. Medical Consent: Allows Millsaps College athletic trainers and team physicians to treat any illness or injury you sustain while at Millsaps College.

B. Release of Information: Allows Millsaps College athletic trainers and team physicians to release information concerning your illnesses or injuries to parents and/or coaches.

C. Shared Responsibility: Discusses the shared responsibility for health and safety between athlete and staff. Informs you that there are certain inherent risks involved in participating in intercollegiate athletics and states that you are willing to assume responsibility for such risks.

If you choose to refuse to sign any of these consents, please write "Refused to Sign" with the date and your initials. **Faxed documentation will not be accepted, please send originals.**

Medical Consent – Part A

I hereby grant permission to Millsaps College team physicians and/or their consulting physicians to render to me (or to my son or daughter if under 18 years of age) any treatment or medical or surgical care that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well being of my son or daughter).

I also hereby authorize the athletic trainers at Millsaps College, who are under the direction and guidance of the Millsaps College team physicians, to render to me (or to my son or daughter if under 18 years of age) any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well being of my son or daughter).

When necessary for executing such care, I grant permission for my hospitalization at Baptist Hospital or another accredited hospital (or for hospitalization of my son or daughter).

Date: _____

Print Name of Athlete

Signature should be that of the student athlete if over 18 years of age. If the student athlete is under 18 years of age, parent/guardian must also sign

Signature of Athlete

Signature of Parent/Guardian if under 18

Authorization For Release of Information – Part B

This is to authorize Millsaps College athletic trainers and team physicians to release medical information about me (or about my son or daughter if under 18 years of age) to my parents and/or coaches, including information concerning illness or injury relative to my past, present or future participation in athletics at Millsaps College(or my son’s or daughter’s past, present or future participation).

Date: _____

Signature

Signature should be that of the student athlete if over 18 years of age. If the student athlete is under 18 years of age, parent/guardian must also sign

Social Security Number

Signature of Parent\Guardian if under 18

Shared Responsibility For Health and Sports Safety – Part C

Recognition of student and staff rights and responsibilities enhances the partnership between student athletes, coaches, trainers and team physicians, and establishes an atmosphere of trust, mutual respect and concern. All Millsaps College student athletes will be treated with respect, dignity and consideration by MCSM staff and healthcare providers. Student athletes have the responsibility to show consideration and respect for other athletes, coaches, athletic trainers, team physicians, other healthcare providers and MCSM staff.

All Millsaps student athletes have the responsibility to communicate changes in health status and/or injury conditions to athletic trainers and team physicians. Student athletes have the responsibility to follow instructions given by athletic trainers and team physicians or to discuss any obstacles to complying with the prescribed treatment plan. Student athletes must also accept responsibility for refusing treatment or not following the treatment plan, including accepting responsibility for the impact such actions may have upon their clearance status for practice or competition.

Participation in sports requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sport, including coaches, athletic trainers and team physicians, have taken reasonable precautions to minimize such risk. Coaches, athletic trainers and team physicians rightfully assume that an individual athlete will do everything possible to participate safely in his/her sport and to follow the guidelines and rules of the Southern Collegiate Athletic Conference and the NCAA. However, guidelines, rulebooks and equipment standards alone cannot insure safety. Sports safety can only be maximized when athletes (individually and collectively), coaches, athletic trainers, team physicians and other staff dedicate themselves to such safety.

I have read the above shared responsibility statement. My signature below demonstrates my willingness to abide by the guidelines and rules of the Millsaps College Athletic Department and the NCAA, and to actively participate with my coaches, trainers and team physicians to protect and improve my health and safety. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating at Millsaps College.

DATE: _____

Signature

If the student athlete is under 18 years of age, parent/guardian must also sign

Signature of Parent or Guardian

Student Athlete Information

Student Name: _____ Sport(s): _____

Year in School: _____

DOB: _____ SSN#: _____

Address: _____ Home Phone #: _____

_____ Cell Phone #: _____

Emergency Contact

Parent/ Guardian's Name(s): _____

Mother's Work #: _____ Mother's Cell #: _____

Father's Work #: _____ Father's Cell #: _____

Secondary contact (besides parents) and relation: _____

Secondary contact's Work #: _____ Sec. cont. Cell #: _____

Required Information Checklist

____ I have read and understand the athletic claim procedure.

____ I have enclosed an enlarged copy of my current medical insurance card (front and back)
Please write the date of birth and social security number of the policy holder on the copy
of your insurance card.

____ I have listed all pre-existing medical conditions, prescription medications, and enclosed
medical records for any conditions which I (or my son/daughter, if under age 18) will
require further treatment.

____ I have completed the Student Athlete and Emergency Contact information.

____ I have signed and dated all three parts of the Athletic Consent Form.

(Print Name) _____ (sign) _____ (date) _____

Please make sure that your primary insurance company covers injuries/illnesses within the state of Mississippi. As noted earlier, your insurance is primary for your son/daughter. Millsaps College provides excess insurance coverage for athletic injuries only and does not pay for illnesses. The college does not assist with deductible payments/co-payments.