Dear Student-athlete and parent,

I would like to welcome you and your family to the Dalton State College Athletic Department family. The following is a list of the DSC Sports Medicine Team Physicians used by the Athletic Department to provide medical care for our student athletes. If your son's/daughter's insurance has assigned them to a specific physician, we encourage that you switch their coverage to one of our team physicians to expedite their medical care.

Our schools insurance policy requires that we show proof that the primary insurance (your child) has been billed, before the secondary insurance (school policy) will consider payment. If your son/daughter does not have primary insurance, they will be required to purchase our voluntary school policy prior to their participation in their respective team activities or work-outs. Here is a list of our team physicians:

General Medical
Hamilton Convenient Care
Office: 706-529-3245

Orthopedics
Dr. Nick Reed
Associates in Orthopedic Sports Medicine
Office: 706-226-5533
Fax: 706-428-0033

Requirements to participate

In order for you to participate in any sports for Dalton State College, you must have these four items:

- Complete Physical signed and cleared by a Medical Doctor or Physician Assistant
- Concussion test: Completed on campus with athletic trainer
- Complete Pre-Participation Package
- Front and Back copy of your primary health insurance card

If you do not have primary health insurance, we have some suggested insurance companies listed on our website.

If you have any questions please feel to contact me at (office) (cell)251.767.7926, or showze@hhcs.org (email).

DALTON STATE COLLEGE SPORTS MEDICINE
STUDENT-ATHLETE SUPPLEMENT NOTIFICATION FORM

I, _____, acknowledge that I am currently taking and/or
(Student-athlete print name)
have (within the past 12 months) taken the following ergogenic aids, creatine powder, amino acids, protein supplements, or other similar substances, hereinafter referred to as "supplements." (Attach another sheet to this form if necessary).

Name	Dosage	Main Ingredient	Comments

I understand and agree:

1. Dalton State College Intercollegiate Athletics neither approves of nor condones the use of supplements.
2. I have been informed of Dalton State College Intercollegiate Athletics, Southern States Athletic Conference (SSAC), National Association of Intercollegiate Athletics (NAIA) and The United States Olympic Committee (USOC) policies regarding the use of supplements, and have had any questions about these policies answered.
3. **The use of supplements may result in serious harm to me, possible permanent injury to my health and even death.**
4. I risk losing my eligibility to participate in intercollegiate athletics if I test positive for a banned substance
5. I must list all supplements on the Chain of Custody Forms at the time of any drug test.

I fully accept any and all risk and liability if I have used in the past, continue to use, or use at any time in the future any forms of supplements.

I further understand and agree that Dalton State College, its officers, employees, and agents are not responsible for any harm and possible permanent injury to my past, present, and/or future use of supplements. I agree to hold harmless, indemnify, and irrevocably and unconditionally release the State of Georgia, Dalton State College, and their officers, employees, and agents from any and all liability, and demands, claims, and causes of action relating to my use of supplements.

I understand the statements in this form, and have had all questions about the information in this form answered to my satisfaction.

_____ _____
Student-athlete's signature Date

_____ _____
Parent/Guardian's signature (if you are younger than 18) Date

INSURANCE COVERAGE EXPLANATION FORM

The athletic department at Dalton State College requires all student-athletes to hold primary insurance in order to participate in any sports. Our athletic department provides a "secondary" or "excess" insurance as is customary at universities and colleges. This means that your insurance is used first (primary insurance) in the case of any accidents that may occur while your son / daughter is participating in intercollegiate athletics at Dalton State College. We do request, should any bills come directly to you, that you please send us the bills and any "Explanation of Benefits" (EOB's) forms that you receive on the injury from your insurance company.

The secondary coverage is limited to injuries and accidents only when participating in organized athletic events, practices and conditioning for Dalton State College.

It is for this reason that we request that you

DO NOT DROP YOUR SON/DAUGHTER FROM YOUR INSURANCE.

Any questions, bills or EOB's should be forwarded to Sherman Howze 251.767.7926

*All INTERNATIONAL students must be covered by a policy in United States.

*DSC WILL NOT take any responsibility for bills or treatments for an athlete with a pre-existing condition. DSC is only responsible for NEW injuries that occur while participating in athletics at DSC.

*DSC will only approve secondary payment on medical care arranged/approved by the Head Athletic Trainer, and said payment will only be made after all deductibles have been satisfied by the athlete.
*If your insurance policy changes or is cancelled during the school year you must notify Sherman Howze 251.7677926/ showze@hhcs.org and the athletic training staff immediately. DSC will not be responsible for any medical bills incurred if a policy has been cancelled or changed unless notified of such ahead of time.
*DSC will not provide secondary insurance coverage to any athlete that has not received a physical or completed and turned in all necessary medical forms. Athletes will also not be able to receive treatment in the DSC Athletic Training Room until all of the above are received.
*DSC will be responsible only for injuries that occur during an official practice or event. An official practice or event is anything sanctioned by the NAIA where a coach is present.

If you have HMO plan or out-of-state Medicaid, we strongly encourage you to switch your provider to the local area or purchase another primary insurance while you participate in sport(s) at DSC to ensure that you receive expedited and proper medical service.

By signing below, I have read and understand the DSC insurance policy and coverage:

_____	_____	_____
Print Name	Athlete Signature	Date

_____	_____
Parent/guardian signature	Date

INFORMATION RELEASE FORM

Permission is granted to the medical personnel (Athletic Trainer, Team Physicians) of Dalton State College to release medical information to all professional athletic teams, their scouts, representative agents, trainers, physicians, servants or employees. Any and all medical information pertaining to athletic participation while involved in Dalton State College Intercollegiate Athletics may be released for

_____	_____	_____
Print Name	Athlete signature	Date
_____	_____	_____
Print Name (if younger than 18)	Parent/guardian signature	Date

ATHLETIC PARTICIPATION RELEASE FORM

WARNING: Although participation in supervised intercollegiate athletics and activities may be one of the least hazardous in which any student will engage in or out of school, by its nature, **participation in intercollegiate athletics includes a risk of injury which may range in severity from minor, long term, or catastrophic, including permanent paralysis from the neck down or death.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate risk.

Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all rules, report all physical problems to their coach or athletic trainer, follow a proper conditioning program and inspect their equipment daily.

By signing this Athletic Participation Release Form, we acknowledge that we have read and understand this warning. **Parents or athletes who do not wish to accept the risks described in this warning should not sign this form.**

_____	_____	_____
Print Name	Athlete signature	Date
_____	_____	
Parent/guardian signature	Date	

RANDOM DRUG & ALCOHOL SCREENING CONSENT FORM

"Dalton State College reserves the right to administer random drug testing throughout the school year."

PENALTIES:

First Offense:

1. Athlete's parents or guardian will be notified.
2. Athlete will be permanently suspended.
3. Athlete's scholarship will be terminated.

The REFUSAL to sign the consent form will be considered a positive test and will include all of the sanctions of a first positive screen. As part of testing, a student-athlete may be asked to take a urine, saliva, and/or breathalyzer test to detect illegal drugs, non-prescribed drugs, alcohol, narcotics and/or steroids at such times and places as directed by the athletic department and/or an official representative of Dalton State College. The drugs or drug-classes TO BE TESTED include, but are not limited to the following: ALCOHOL, STIMULANTS, ANABOLIC AGENTS, DIURECTICS, STREET DRUGS, PEPTIDE HORMONES AND ANALOGUES (A complete listing of drugs in each category listed may be obtained from the athletic department).

CONSENT TO RANDOM DRUG SCREENING & AUTHORIZATION FOR RELEASE OF INFORMATION

I,_____, hereby acknowledge receipt of a copy of the Dalton State College Athletics Random Drug and Alcohol Screening Form. I further acknowledge that I have read this information and fully understand its provisions.

It is my understanding that signing this consent form and returning it is a perquisite to becoming/or continuing to be a member of Dalton State College intercollegiate athletics. I further understand that I may refuse to sign this consent form, but as a consequence, this refusal will be considered a positive screen and will include all of the sanctions of a first positive screen.

I am aware that I am expected to abide by team rules, that such rules are subject to change, and that I may be dismissed from the team and/or deprived of my grant-in-aid or scholarship for failure to abide by such rules. I acknowledge my understanding that the use or abuse of drugs not prescribed by a physician for a specified medical condition is a violation of team rules.

I,_____ , understand that my signature below authorizes Dalton State College, or its designee, to obtain a sample from me for screening purposes. I also understand that my signature on this form authorizes the laboratory selected by the college to perform drug testing on any samples obtained from me to test for the presence of banned drugs as defined in the attached Random Drug & Alcohol Screening Consent Form, and to report all test results in accordance with this information.

Upon my notification, I authorize giving a confidential releases to the head coach of any intercollegiate sport in which I am a team member, the athletic director, other administrative personnel and parents/guardian, including information about the test results relating to the screening or testing of my sample (s) in accordance with the provision of the attached Dalton State College Student-Athlete Drug & Alcohol Testing Policy.

I also understand that any decision of Dalton State College or its assigned designees with respect to any positive test result is final and not subject to any appeal, and I agree to abide by such decision.

_____ _____ _____

Print Name Athlete signature Date

_____ _____ _____

Parent/guardian signature Date

SICKLE CELL TRAIT SCREENING

About Sickle Cell Trait

- Sickle cell disease is a serious blood disorder that causes acute pain, severe anemia, infections, and vascular blockages that can lead to widespread organ damage and death.
- Although Sickle cell trait is **most predominant in African-Americans (approximately 10%) and other people of color**, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood.

The ***NAIA does NOT*** mandates that all NAIA student-athletes have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics sanctioned event, including strength and conditioning sessions, practices, tryouts, scrimmages, competitions, etc, but it is **HIGHLY** recommended you have yourself tested prior to activities at Dalton State College.

Please check the appropriate box:

☐ I have tested POSITIVE ☐ I have tested NEGATIVE ☐ I have not been tested

If you have tested positive, please provide a record.

Local Testing Location:

Sickle Cell Trait Testing Waiver

I, _____, understand and acknowledge that the NAIA and the DSC Department (Student-Athlete Name) of Athletics recommend that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to Dalton State College Sports Medicine personnel and administration.

I do not wish to undergo sickle cell trait testing as part of my pre/post-participation physical examination and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Georgia, the Board or Regents, the College, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any illness, loss, or personal injury that might result from sickle cell trait, disease, or related causes and from my voluntary waiver of sickle cell trait testing as recommended by the NAIA and the DSC Department of Intercollegiate Athletics.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

_____ _____

Student-Athlete Signature Date

_____ _____

Parent/Guardian ***(If under 18 years of age)*** Date

Please initial the following statements to indicate that you have read, understood, and will follow these rules, policies, and procedures while you are a Student-Athlete at Dalton State College.

Initials:

_____ I have read and understand the following documents (which can be found at http://dsroadrunners.com.com under the Sports Medicine section):

- Welcome Letter
- Dalton State College Sports Medicine Student Athlete - Medical Policies & Procedures
- Drug Policy
- Concussion Fact Sheet
- Sickle Cell Trait Fact sheet

_____ I will provide a complete physical, pre-participation package, and a copy of the front and back of my primary insurance card prior to my participation at DSC.

_____ I understand that the DSC athletic training staff is my primary medical provider and I will report any medical injuries or conditions while I am participating as a member of DSC athletics. This includes concussion and skin condition. I understand that I have full responsibility for any medical bills for any services received that were not referred by the DSC athletic training staff.

_____ I will sign in as I walk into the athletic training room before I receive any treatment.

_____ I will not take or use any supplies or equipment without the express permission of the athletic training staff.

_____ I will complete an Exit Physical at the end of the school year or before I discontinue playing sports at DSC.

_____ I will notify the Head Athletic Trainer of any status change in my primary insurance.

_____ I will report to the athletic training room on time to receive any medical treatment, rehabilitation, or evaluation.

_____ I understand that I need to receive proper treatment form and supplies from athletic training staff for any away competition/game.

_____ I will always follow the Athletic Training Room rules and I understand that I can be subject to ejection from the room if I do not obey the rules.

By signing below, you recognize that you understand these rules, policies, and procedures, and will follow them at all times.

Signature _____ Date _____
(Student athlete)

Signature _____ Date _____

HAMILTON
SPORTS MEDICINE

Athlete's Name:_____ **Sport(s)**_____
PLEASE PRINT

School Year:_____ **Grade**_____

PLEASE READ THE FOLLOWING CONSENT FORMS CAREFULLY:
(If you are under 18 years of age, your parents must also sign.)
The basic content of each is:

- **Part I**. Medical consent: Allows Hamilton Sports Medicine (HSM) and physicians to treat any injury or illness incurred by you while at (name of school) Dalton State College .
- **Part II**. Release of Information: Allows HSM and those associated with HSM to release and/or receive information concerning your injuries to/from (name of school) Dalton State College and its coaching staff, administrators, insurance carriers, and/or medical personnel and other medical facilities.

MEDICAL CONSENT - Part I

I hereby grant permission to Hamilton Sports Medicine (HSM) and team physicians, or other physicians designated by the above school to provide me with any medical care or surgical care that they deem reasonably necessary to my health and well being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

I further authorize the athletic trainers of HSM who are under the direction and guidance of a physician to provide me with any preventive, first -aid, rehabilitative or emergency treatment they deem reasonably necessary to my health and well being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

If reasonably necessary to provide the care described in the preceding two paragraphs, I grant permission to HSM and/or school officials to seek necessary treatment at an accredited hospital.

_____ _____
ATHLETE'S SIGNATURE DATE
(If athlete is 18 years of age)

I hereby grant permission on behalf of my minor son or daughter or my ward.

_____ _____
PARENT OR GUARDIAN DATE

AUTHORIZATION FOR RELEASE OF INFORMATION- Part II

A. I hereby authorize Hamilton Sports Medicine (HSM) to release medical information to team physicians, said school coaching staff, and/or its administrators, and insurance carriers any information concerning illness or injury relative to my past, present, or future participation in athletics at said school.

B. I hereby authorize any medical facility, physician, or medical personnel whom has attended to me to disclose when requested by HSM any and all information regarding my illness or injury, medical history, consultation, diagnostic tests, treatment, recommendation, and copies of all hospital or medical records.

A photostatic copy of this authorization shall be considered valid and effective as the original.

_____ _____
ATHLETE'S SIGNATURE DATE
(If the athlete is 18 years of age)

I hereby grant permission on behalf of my minor son or daughter or my ward.

_____ _____
PARENT OR GUARDIAN DATE

DALTON STATE COLLEGE
DEPARTMENT OF SPORTS MEDICINE

ATHLETE INFORMATION FORM

Personal Information:

_____
Last Name First Name Middle Initial Preferred Name

_____
Social Security Number Sport 1 Sport 2

_____
Date of Birth Gender: Male Female

_____
Campus Address City, Zip Code

_____
Campus Email Cell Phone/Local Phone

Permanent Home Address:

_____
Street Address

_____
City State Zip Code Country

_____
Home Phone

Parent/Guardian Emergency Contact information

_____ _____
First Name Last Name First Name Last Name

_____ _____
Home/Cell Phone Number Home/Cell Phone Number

_____ _____
Work Phone Number Work Phone Number

_____ _____
Parent/Guardian Email Parent/Guardian Email

_____ _____
Relation to student Relation to student

_____
Family Physician

_____
Phone Number

_____
Address

PARENT INFORMATION/INSURANCE FORM
FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS.
Please submit 2 copies of front and back of insurance card(s).

Name of Athlete:_____ Sport:_____
College Address:_____ Local Phone:_____
City: _____ State: _____Zip Code: _____

Father/Guardian: _____Birth date: _____
Address:_____
Employer: _____
Phone: _____ Social Security No. _____
Insurance Company:_____
Claims Address: _____
Phone No: _____ Policy No. _____ Group No. _____
Is this plan an: HMO _____ EPO _____ PPO _____ Other _____
Is the athlete covered by this plan? YES _____ NO _____
Is this plan: Primary _____ Secondary _____

Mother/Guardian: _____Birth date: _____
Address: _____
Employer: _____
Phone: _____ Social Security No. _____
Insurance Company:_____
Claims Address: _____
Phone No: _____ Policy No. _____ Group No. _____
Is this plan an: HMO _____ EPO _____ PPO _____ Other _____
Is the athlete covered by this plan? YES _____ NO _____
Is this plan: Primary _____ Secondary _____

Athlete's Personal Insurance Information (If not covered by Parent/Guardian Insurance)
Insurance Company:_____
Claims Address: _____
Phone No: _____ Policy No. _____ Group No. _____
Is this plan an: HMO _____ EPO _____ PPO _____ Other _____

I hereby authorize DALTON STATE COLLEGEand **TBD**to inspect or secure copies of case history records, laboratory reports, diagnosis, x-ray, and other data covering this and/or previous confinements and/or disabilities. A photostatic copy of this authorization shall be deemed as effective and valid as the original. Drafts for benefits will automatically be sent to the hospital, doctor, or other supplier of medical services. I further certify that I have read and understood the attached insurance information letter.

Parent's/ Guardian's Signature:_____
Student's Signature:_____
Date:_____
UNTIL THIS FORM IS **COMPLETED** AND **RETURNED** TO THE HEAD ATC, THE ATHLETE **WILL NOT** PARTICIPATE IN PRACTICE.