

CLEVELAND STATE UNIVERSITY
Cleveland State University Sports Medicine

Welcome to intercollegiate athletics at Cleveland State University. We hope that your time here will be the best years of your life. The Cleveland State University Sports Medicine Staff are here to help make your athletic endeavors enjoyable and safe. It is necessary for you to closely examine the following documents so that you may understand the policies and procedures that are required of you as a student-athlete at Cleveland State University. Please read and complete all of the documents that are enclosed. **You must have a complete Athlete/Insurance form with your personal/parents insurance information or a notarized statement declaring lack of health insurance in your file in the athletic training room before you are allowed to participate in any athletic activity (including tryouts). A copy (front and back) of your insurance card is mandatory.**

There are basic Departmental policies that you as a student-athlete (and/or parent) should be aware of:

- A. No student-athlete at Cleveland State University shall participate in intercollegiate athletics without a physical examination by the Team Physician prior to participation in any athletic practice or competition.
- B. If prescribed treatment is available, the individual is required to be treated in the athletic training room under the supervision of the Sports Medicine Staff. Arrangements for outside treatment will be made by the Sports Medicine Staff at the direction of the Team Physician.
- C. All injuries occurring to student-athletes participation in supervised and scheduled practices or competitions at Cleveland State University are covered by an accident insurance policy. Any illness that is directly traceable to participation in intercollegiate athletics shall be the responsibility of the Athletic Department and/or the student-athlete. Since the Department is not financially responsible for injuries or illnesses sustained while not participating in scheduled practices or competitions, the student-athlete is encouraged to obtain the Student Health insurance policy offered by the University.
- D. The University's insurance policy calls for the filing of all claims for an athletic injury/illness against the policy of the parent/guardian and/ or the individual athlete. Upon completion of this process the University's policy shall be utilized to complete payment of the remainder of the bills related to this injury.

I, _____ (**print FULL NAME**), have read the above and have received the Cleveland State University Sports Medicine information packet. I understand that I cannot participate in any athletic activity until all of the forms have been returned to the athletic training room. I must either give proof of insurance or provide a notarized written statement that verifies that I do not have any insurance coverage at this time. If at any point I obtain health insurance coverage, I understand that I must disclose this information to the athletic medicine staff promptly. **Additionally, I understand that if I have falsely testified regarding my health insurance status, I will be financially responsible for any medical services provided to me.**

Cleveland State University's athletic insurance policy is described in detail in the following pages. If you have any questions or concerns regarding any of the following forms, please contact the Cleveland State University Athletic Training Room at **(216) 687-5287**. Thank you for your assistance in this matter. We look forward to working with you in the future.

Student-Athlete Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ Date: _____
(IF Student-Athlete is under 18 years of age)

Certified Athletic Trainer: _____ Date: _____