



On behalf of the University of Richmond Sports Medicine Staff, welcome to Spiders Athletics!

The University of Richmond Athletics Department seeks to provide comprehensive athletic training services for its student-athletes, including preventative services, first aid, and physical rehabilitation. Prior to your arrival on campus, please take the time to share your medical history and insurance information. The information gathered, on both student athlete and guardian, is considered confidential. This information is part of the student-athlete’s medical record, and will help expedite medical care the sports medicine staff will direct in the case of an illness or injury.

We ask that you take the time to read some information regarding the University of Richmond Sports Medicine policies and procedures, drug/alcohol education and testing program, and insurance information. These documents can be found on our web site at RichmondSpiders.com under the sports medicine tab.

The University of Richmond requires all incoming freshmen/transfer student-athletes to complete a pre-participation physical examination prior to the student-athlete being issued equipment, being permitted to attend any practice or strength and conditioning session, and/or competing in any intercollegiate athletic activities. The pre-participation physical examination MUST be administered by a University of Richmond Team Physician and/or his/her designee. Subsequent sports medicine screenings will follow on a yearly basis. This physical is provided at no cost to the student-athlete and does NOT take the place of the University of Richmond student health center’s required physical.

In addition to the previously mentioned pre-participation physical, other requirements for participation include, but are not limited to:

*Please initial upon completion of each task.

- _____ Completion of the HEALTH INSURANCE INFORMATION/ AUTHORIZATION FORM
- _____ A photo copy (front and back) of the student-athlete’s current health insurance card, prescription benefits card and dental card
- _____ Completion of the ANNUAL ATHLETIC HEALTH HISTORY and FEMALE HEALTH HISTORY, if applicable
- _____ Completion of the DRUG/ALCOHOL EDUCATION AND TESTING PROGRAM CONSENT FORM
- _____ Completion of the HEALTH HISTORY RECORD from family physician (freshman and transfers only)
- _____ Completion of the SUPPLEMENT NOTIFICATION FORM
- _____ Acknowledge that the POLICIES AND PROCEDURES, DRUG/ALCOHOL EDUCATION AND TESTING PROGRAM, AND INSURANCE INFORMATION have been reviewed and understood. If there are any questions, please contact the sports medicine staff.

All forms are located online at RichmondSpiders.com under the Sports Medicine tab, at the STUDENT-ATHLETE FORMS tab. *If you do not have internet access, please contact the Sports Medicine Department and we will mail you a copy.

Student-Athlete Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Please note that your son or daughter will not be cleared to participate in any aspect of intercollegiate athletic activity as a University of Richmond student-athlete until all forms listed above, including this form, have been received and reviewed by a University of Richmond Sports Medicine department staff member. Thank you for taking time to fill out the requested forms. If you should have any questions, please feel free to contact us at (804) 289-8393.

All forms should be received by **JUNE 29, 2009** at:

University of Richmond
Sports Medicine
Robins Center Rm.163
University of Richmond, VA 23173