GADSDEN STATE COMMUNITY COLLEGE ATHLETIC INSURANCE POLICY

TO: Athletes, Parents and/or Guardians

FROM: Hanna Yates, Head Athletic Trainer

SUBJECT: POLICY REGARDING ATHLETIC INSURANCE COMPANY

The purpose of this memo is to explain Gadsden State Community College's policy regarding athletic insurance coverage for injuries sustained while participating in the College's intercollegiate sports program.

Please read this statement of policy carefully and note that the attached form must be completed and signed by the athlete's parent/guardian and themselves. No athlete will be permitted to practice or participate in the athletic program until the form is completed, signed and returned to the athletic department.

Please note that Gadsden State Community College athletes will be expected to report all injuries to their coaches and/or trainers. Athletes / parents should submit injury claims to their own insurance company. If additional information is requested, please submit as soon as possible. Failure to provide information will delay the processing of claim by the College / Insurance Company.

We hope that the above explanation will help you to understand the procedures of insurance coverage. We appreciate your cooperation and we want to assure you that our main concern is that your student-athlete is covered in case of any injury during athletic practice or competition. If you have any questions, please call the athletic department.

SECTION I

$\frac{\textbf{STUDENT ATHLETE INFORMATION AUTHORIZATION AND INJURY/ILLNESS}}{\textbf{RELEASE}}$

strict confidentiality policies and will not release my private medical information to any other individuals other than those listed above including scouts, representatives of any professional or amateur organization, sports information and/or the media/journalists without obtaining my

I DO give consent I DO NOT give consent
For the team physician, athletic trainers or other personnel of Gadsden State Community College
to release such information regarding my medical history, record of injury or surgery, record of
serious illness and rehabilitation results as may be requested by the treating physician,
rehabilitation facility, supervising team and strength coaches, Gadsden State Community
College's risk management department or insurance carrier for the purpose of claim assessment
and payment. I understand that a record will be kept of all individuals requesting such
information and the date of the request. This information is normally confidential and except as
provided in the Release, will not be otherwise released by the parties in charge of the
information. This Release remains valid until revoked by me in writing. I understand that the
team physician, athletic trainers and other personnel of Gadsden State Community College have

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TO THE PARENTS OF STUDENT-ATHLETES: