

Baker Athletes and Parents,

Welcome from Baker University Sports Medicine. Please take a minute to review the following important materials. All information **must** be completed thoroughly and returned to the Sports Medicine Department **before** you will be allowed to participate in any athletic practices or competitions. When completed, mail or fax all components of your Athletic Participation Packet to the attention of the **Sports Medicine Department by August 1st, 2011**. In the event that the Participation Packet is not received by this date, athletes **will not** be eligible to participate in practice and will be assessed a **\$20 late processing fee on their student account**. Please call with any additional questions.

All athletes are responsible for obtaining their personal information. Junior College transfers should contact their former school of attendance and request the transfer of athletic and health information to Baker University. This may also require you to fill out a medical information release.

Participation Physical:

Every Baker athlete must have a new physical examination on file each year of competition. All physical examinations must be completed and signed by a licensed doctor of medicine or doctor of osteopathy. Physical examinations signed by a medical provider other than a licensed MD or DO will NOT be accepted. The athletic training staff and the Student Health Center will NOT set up or provide physicals for athletes who do not have them at the time of reporting. Please review with your physician your immunizations' status and have all documented on the physical examination form. All new incoming students are required to show proof of a meningitis vaccine.

Insurance:

The Insurance Questionnaire includes a request for a legible copy of your medical insurance card. Please attach the copy to the insurance form. This information will be kept in each student's medical record and kept confidential.

Risk/Liability Waiver:

Please read all forms carefully before signing, especially section I on your Acceptance of Risk/Liability Waiver.

Thank you,

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