



Dear Student-Athlete/Parent/Guardian,

Please review all the forms in this packet. Each of the form contains information important to the student-athlete. Forms are located on the front and back of each page. Please complete, sign and date each form. **Please return forms to MVC Athletic Training only!**

Please review the forms for completeness. Incomplete forms or information found to be incomplete are unacceptable. Student-Athletes will not be allowed to practice or compete, nor receive any evaluation or treatment, until all the information is provided.

**PLEASE HAVE THE FOLLOWING FORMS COMPLETED AND RETURNED BY
AUGUST 1, 2009**

ALL STUDENT-ATHLETES:

- A. Assumption of Risk
- B. Buckley Amendment
- C. Drug Testing Consent
- D. General Physical Examination (completed by family MD, DO, PA, NP only)
Physical examinations from chiropractors will not be accepted.
- E. Insurance Notification
- F. Insurance Travel Form
- G. Medical History Forms
- H. Permission to Provide Medical Treatment
- I. Permission to Share Medical Information
- J. **Xerox Copy of Health Insurance Card (Front & Back)**

Mail or Fax Completed Forms to:

MVC Athletic Training
500 E. College
Marshall, Missouri 65340
Fax (660) 831.4038

Please address any of your questions to: MVC Athletic Training - 660.831.4195

Thank you for your cooperation!