Dear UNCG Student-Athlete and Parents,

Congratulations on becoming a UNCG Spartan! Prior to your arrival on campus, we ask that you take the time to share your medical history and insurance information. Simultaneously, we would like to inform you of the UNCG policies and procedures regarding insurance and medical bill payment should you (your child) become injured while a participant in UNCG Athletics.

Available on the Spartan web page, www.uncgspartans.com, under the Athletic Training tab, are **five** forms that need to be downloaded, read, and completed as thoroughly as possible. **Please return them as soon as possible in the business reply envelope or bring them with you to the Athletic Training Room in the HHP Building when you attend a SOAR Orientation**. All information is confidential as a part of your medical record and will aid the UNCG Sports Medicine staff in caring for you in the best possible manner.

Before being cleared to participate, each student-athlete will undergo an orthopedic screen and general medical evaluation by the UNCG Sports Medicine Staff. The information gathered from these forms will be used to assist us in the evaluation process. The forms are:

1. **Insurance Information Letter:** This letter describes the policies and procedures regarding medical insurance and bill payment. Both **student-athlete and parent must sign this letter**.

2. **Health Insurance Form:** This form supplies UNCG with your health insurance information. Please be certain to fill out each line of this form. If the information does not apply to you, please put an "N/A" on the line. **Please remember to copy the front and back of your insurance card and affix it to the provided area on this form.**

3. **Medical History Form:** This form supplies UNCG with your current medical history. Please fill out this form completely.

4. **Contact Lens Form:** Those who wear contact lenses will be loaned a pair of disposable lenses as a courtesy of our Team Optometrist. This pair of lenses is intended for use only if you lose a contact while in competition/practice. Please obtain your contact lens prescription from your family optometrist and complete or attach to form.

5. **Injury Waiver Statement:** By signing this form, you indicate that you are aware of and accept the potential physical hazards of being a student-athlete.

Please note that you will not be cleared to participate as a UNCG student-athlete until all forms have been received by UNCG Sports Medicine. Thank you in advance for taking time to fill out the requested forms. If you should have any questions, please feel free to call us at (336) 334-3700 or (336) 334-5925.

Thank you,

James R. Shipp, MA, ATC-L
Head Athletic Trainer, UNCG

Erica P. Thornton, MS, ATC-L
Associate Head Athletic Trainer, UNCG