SO WHAT DO I NEED TO BRING WITH ME TO NYACK IN ORDER TO BE CLEARED FOR PARTICIPATION IN ATHLETICS?

The following is a checklist to assist you in completing all the forms required for obtaining MEDICAL clearance to participate in Nyack College Athletics. These forms must be in the Sports Medicine Department before you are permitted to practice or compete. REMEMBER, THE ATHLETIC PARTICIPATION MEDICAL EXAMINATION IS NOT THE SAME AS THE EXAMINATION REQUIRED BY THE SCHOOL NURSE FOR ENROLLMENT. It must be signed by a medical doctor AND the team orthopaedic. You may, however bring them both to your doctor to be filled out at the same time. If you do not have a medical doctor and/or were unable to obtain a medical exam before you arrive at college, one will be scheduled for you and you will be responsible for the cost of that exam (average fee is $125.00).

All incoming athletes (freshman, transfers, and/or current student’s participating in athletics for the first time) will be charged a one-time $25 fee to cover the cost of the Orthopaedic portion of the Athletic Participation Medical Examination.

In order to participate, you must have the following→

☐ ATHLETIC PARTICIPATION MEDICAL EXAM→
  -Medical Doctor’s & Athlete’s Signature required on this form & any doctor notes from previous conditions/illness.
    The Team Orthopaedic’s signature will be obtain after the student arrives on campus- 4 pages

☐ SICKLE CELL TRAIT TESTING DOCUMENTATION→
  -You must have a copy of the results of a sickle cell trait test- whether a copy of your pre-natal testing with a Medical Doctor’s Signature or a copy of a blood test showing sickle cell results- just a doctor’s note will not be accepted

☐ HIPAA ATHLETIC FORMS→
  -Parent’s & Athlete’s Signature & Initials Required- 2 pages

☐ DECLARATION OF MEDICATION→
  -Parent’s & Athlete’s Signature & Initial Required- 2 pages
  -If you are taking ADHD Medication, you will need to fill out page 3 of this form & get the appropriate Medical Documentation listed.

☐ ATHLETE INFORMATION→
  -Athlete’s, Parent’s, Emergency Contact, Physician, & Insurance Information Required

☐ PARENTAL MEDICAL RELEASE FORM→
  -Parent’s & Athlete’s Initials & Signature Required

☐ PARENTAL INSURANCE INFORMATION→
  -Athlete’s & Parent’s Signature, Parent’s Information & Insurance Information Required

☐ COPY OF PARENT’S INSURANCE CARD→ FRONT & BACK

Please be reminded that the ATHLETICS PARTICIPATION MEDICAL EXAM and the forms listed above are required before participating or association in Nyack College Athletics. Each year you return, you will be required to fill-out a RETURNER’S MEDICAL EXAM. As a returnee, if a new medical problem is detected, the athlete will be required to see a medical doctor for another medical examination before participation is granted.

PLEASE DO NOT SEND THE FORMS TO THE ADMISSION’S OFFICE OR THE SCHOOL NURSE- SEND THEM TO PENNY FOLAND AT THE ADDRESS BELOW!

All forms listed above must be returned to Penny W. Foland, ATC, at the address below as soon as possible or brought with you upon arrival at Nyack College.

1 South Blvd., Nyack, NY 10960  •  (845) 675-4780  •  Fax: (845) 353-2147  •  Penny.Foland@nyack.edu