

# Athletic Training Checklist (New Players)

## SportsWare Portal: REQUIRED BY EVERYONE

- Step 1- Create SportsWare [www.swol123.net](http://www.swol123.net) account
  - School ID: Colonial
- Step 2- Log-on- information from Sportsware is e-mailed to you
- Step 3- Log onto Sportsware
- Complete Section 1- MY INFORMATION
  - General
  - Address
  - Emergency
  - Insurance- Complete and Upload card
  - Medical
- Complete Section 2- MEDICAL HISTORY
- Complete Section 3- FORM
  - Download Physical form- Upload
  - Upload Sickle Cell Form
  - Electronic Signatures checked off
  - Upload Husky information page

## NCAA Forms: REQUIRED ONLY IF NEEDED

Need to have doctor complete additional forms (included in packet) and mail them in

- Currently diagnosed with ADHD
- Currently using an inhaler for Asthma and/or Anaphylaxis
- Use of an \*anabolic agent or peptide hormone must be approved by the NCAA before the student-athlete is allowed to participate.

Everything  
should be  
uploaded and  
completed  
By JULY 15th

# Contacts for Questions/Issues

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Mark Allen

Head Athletic Trainer

Western Connecticut State University

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Email: [allenm@wcsu.edu](mailto:allenm@wcsu.edu)

Fax: Pete Alveren (203) 837-8583

Andrew Nevit

Assistant Football Coach

Western Connecticut State University

Cell: 631-365-2839

Email: [andrew.nevit@gmail.com](mailto:andrew.nevit@gmail.com)

Any additional questions: [football@wcsu.edu](mailto:football@wcsu.edu)

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The biggest challenge of the summer for football may be the completion of the health forms and online Sportswear program. It is a time consuming process that many families have found challenging. The following is a step by step packet to walk you through the process. The sooner you are able to get your physical the quicker you will be able to see if you have to correct a section that may have been done wrong or if you are missing any information.

# Log in Instructions

[www.swol123.net](http://www.swol123.net) to get to Sportsware site\*

**CSMi SPORTSWARE**  
INJURY TRACKING SOFTWARE

Athletes: 2,994,181  
Injuries: 4,624,300  
Treatments: 16,148,482  
ATC's Online: 567

### What's New

**New Billing Database**  
Automated HCFA - 1500 Forms  
[Click here to contact us.](#)

### SportsWare User Tips

- New Notes Features
- Importing and Printing BrainCheck Data into SportsWareOnline
- Importing and Printing ImPACT Data into SportsWareOnline
- Athlete Portal Setup
- Using HCFA-1500 Forms In SportsWareOnline
- Licensing and Log-In Messages

### SportsWare - #1 since 1991

**SportsWare for Athletic Trainers**  
Athletic Trainers in grade schools, high schools, colleges and professional teams around the globe rely on SportsWare to record, manage, and report their athletic training room information.

**SportsWare for Athletic Coaches**  
Coaches can access player status, roster and travel reports. Also accessible from mobile devices eliminating the need to carry paper files with emergency contact, insurance information and medical alerts.

**SportsWare for Athletes and their Parents**  
Athletes and their parents to enter and trace emergency contacts, insurance, health history and other basic information directly into SportsWareOnline.

### Publications

- New Features - Concussion Toolbox
- New Features - Updated Reporting Functionality
- Monthly Email - March 2017
- Customer Newsletter - February 2017
- Customer Interview - Dan Sheffer, Our Lady of Lourdes Memorial Hospital
- Monthly Email - February 2017

### Sign In

E-Mail:   
Password:

[Login](#)  
[Reset Password / Forgot Password](#)

### Athlete/Parent: Want to join Sportsware?

[Join SportsWare](#)

### Need an answer now?

[FAQs - Users Manual](#)

Computer Sports Medicine, Inc.

## **STEP 1:**

Click here to register and create a Sportsware account.

Your school ID is:  
Colonial

## **STEP 2:**

You will receive a confirmation email from SPORTSWARE (swol123.net). This will not happen instantly. It may take a couple days.

E-Mail [allenm@wcsu.edu](mailto:allenm@wcsu.edu)  
If you have not heard back

If you have still not heard back please email [football@wcsu.edu](mailto:football@wcsu.edu)

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Password:

[Login](#)

[Reset Password / Forgot Password](#)

### Athlete/Parent: Want to join Sportsware?

[Join SportsWare](#)

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Computer Sports Medicine, Inc.

## STEP 3:

You will receive a password from Sportsware to your email to finish setting up your account.

(make sure you check your spam account if you have not received)

To officially log on to Sportsware

Once you login -you will be taken to your Portal (front page)  
Please follow the step by step process provided

**CSMi SPORTSWARE**  
INJURY TRACKING SOFTWARE

(This will inform you have completed all areas or not)

Page: Dashboard      Institution: Western Connecticut State Univ      Athlete: Nevit, Andrew

My Info    Med History    Forms    Print    [Logout](#)

**ATHLETE'S PORTAL - ATHLETE**

**Forms**  
You have **7** form(s) to complete/download.

**Status**  
Your Athlete Information is **INCOMPLETE**. Please click [here](#) to complete it.  
Your Medical History is **INCOMPLETE**. Please click [here](#) to complete it.

Game Status:  
Practice Status:  
Cleared To Play: No

**Notices And Handbooks**

	Title
Open	concussion home instruction sheet

Show:  Today  This Week

No pending referrals.

**Sign Out**  
No records found.

Calendar: March 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

[CALENDAR](#)



[Change Photo](#)

(Areas to be filled out)

## Section 1

# My Information

- General
- Address
- Emergency
- Insurance
- medical

Once you log in you will be taken to your Portal.

**CSMi SPORTSWARE**  
INJURY TRACKING SOFTWARE

Page: Dashboard      Institution: Western Connecticut State Univ      Athlete: Nevit, Andrew

My Info   Med History   Forms   Print   [Logout](#)

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**Notices And Handbooks**

	Title
<a href="#">Open</a>	concussion home instruction sheet

Show:  Today  This Week

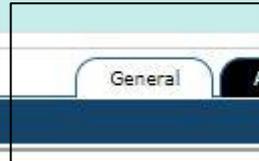
No pending referrals.

**Sign Out**  
No records found.

[Change Photo](#)

Click here to begin  
MY INFO section

# My Info: General Tab



General

Address

Emergency

Insurance

Medical

## General

First Name	<input type="text" value="Andrew"/>	*
Last Name	<input type="text" value="Nevit"/>	*
ID	<input type="text"/>	*
SSN	<input type="text"/>	
Class	<input type="text"/>	*
Gender	<input type="text"/>	*
Birth Date	<input type="text"/>	*

## Athlete Online Access

Online Access e-Mail	<input type="text" value="andrew.nevit@gmail.com"/>	*
Existing Password	<input type="password" value="*****"/>	
New Password	<input type="password"/>	
Confirm Password	<input type="password"/>	

**Password Requirements:**  
Must be at least 8 characters long.  
Must have at least 1 number.

## Athlete Picture



No file chosen

## Sports/Group

Sport 1	<input type="text"/>	*
Sport 2	<input type="text"/>	*
Sport 3	<input type="text"/>	*
Current	<input checked="" type="radio"/> Sport 1 <input type="radio"/> Sport 2 <input type="radio"/> Sport 3	
Group:	<input type="text"/>	*

## CHECKLIGHT

SII Unit Number	<input type="text"/>
Athlete Access	<input checked="" type="radio"/> Yes <input type="radio"/> No

Fill in information requested. Everything with a red star (\*) is REQUIRED

# My Info: Address Tab

Save

Cancel

General

Address

Emergency

Insurance

Medical

## Primary Address

Address  \*

City  \*

State  \*

Zip Code  \*

Country  \*

Phone  \*

Cell  \*

Beeper

## Secondary Address:

Address

City:

State

Zip Code

Country

Phone

Cell

Beeper

E-Mail Address

**Fill in information  
requested.  
Everything with a  
red star (\*)  
Is REQUIRED**

# My Info: Emergency Tab

Save

Cancel

General

Address

Emergency

Insurance

Medical

## Primary Emergency Contact

First  \*

Last  \*

Signature On File

Relationship  \*

Address  \*

City  \*

State  \*

Zip Code  \*

Country  \*

Home Phone  \*

Work Phone  \*

Cell  \*

Beeper  \*

E-Mail Address  \*

## Secondary Emergency Contact

First  \*

Last  \*

Signature On File

Relationship  \*

Address  \*

City  \*

State  \*

Zip Code  \*

Country  \*

Home Phone  \*

Work Phone  \*

Cell  \*

Beeper  \*

E-Mail Address  \*

**MUST PROVIDE INFO FOR 2 DIFFERENT EMERGENCY CONTACTS!**

- Fill in all required boxes.
- When completed click the next tab.

# My Info: Insurance Tab

MUST BE COMPLETED

General

Address

Emergency

Insurance

Medical

## Primary Insurance Company

Lookup

Company

Address

City

State

Zip

Phone

Billing ID

## Primary Insurance Company

Lookup

Company

Address

City

State

Zip

Phone

Billing ID

## Policy Holder

Last Name

First Name

Middle Initial

Address

City

State

Zip

Phone

Date of Birth

Member ID

## Policy Holder

Imp

Last Name

First Name

Middle Initial

Address

City

State

Zip

Phone

Date of Birth

Member ID

## Policy Information

Policy #

Group #

Plan

Type

See First

Phone

## Policy Information

Policy #

Group #

Plan

Type

See First

Phone

## Insurance Card

Choose File No file chosen

Add Open Delete

## Insurance Card

Choose File No file chosen

Add Open Delete

Upload Insurance Card online (Front and Back)

**Speak to your parents or Dr. and get this information to update Sportsware online. You can have them complete on Sportsware or write it down and you complete online. \*if still unsure contact your high school**

List Allergies, Concussions etc

General

Address

Emergency

Insurance

Medical

### Alerts

AA "No Alerts"

### Immunizations

MMR #1	<input type="text"/>	*required
MMR #2	<input type="text"/>	*required
Varicella #1	<input type="text"/>	*required
Varicella #2	<input type="text"/>	*required
Meningitis	<input type="text"/>	*required

Need dates  
For these!!!

Tetnus

Titre Test

Titre test

\* required

### Drugs Taken

Insert

Medication

Notes

Any current medication being taken

### Doctor

Current, Primary Doctor

Name

Phone

If none, please indicate no doctor

**Once you finished all 5  
sections hit save and  
submit.**

Then move on to either medical history or E-Forms. (Same rule applies upon completion!)

\*If you missed filling out a required section you will be notified when you hit save\*

Section 2

# Medical History

Once back to your portal select the medical history tab.

CSMi SPORTSWARE  
INJURY TRACKING SOFTWARE

Page: Dashboard      Institution: Western Connecticut State Univ      Athlete: Nevit, Andrew

My Info    Med History    Forms    Print    [Logout](#)

### ATHLETE'S PORTAL - ATHLETE

**Forms**  
You have **7** form(s) to complete/download.

**Status**  
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Game Status:  
Practice Status:  
Cleared To Play: No

**Notices And Handbooks**

	Title
Open	concussion home instruction sheet

Show:  Today  This Week

No pending referrals.

**Sign Out**  
No records found.

[Change Photo](#)

Click here to begin  
Medical History  
section

# Medical History Section



Page: History General

Institution: Western Connecticut State Univ

Athlete: Nevit, Andrew

Save

Cancel

**General**

Date:  \* Evaluator:  Sport:  \*

\* - All items are required to be answered

Item	Yes/No	Comment
<b>A. FAMILY HISTORY:</b>		
Has anyone in your immediate family been diagnosed with the following.	<input type="text"/>	<input type="text"/>
Allergies	<input type="text"/>	<input type="text"/>
Anemia	<input type="text"/>	<input type="text"/>
Arthritis	<input type="text"/>	<input type="text"/>
High cholesterol	<input type="text"/>	<input type="text"/>
Depression/Mental Illness	<input type="text"/>	<input type="text"/>
Diabetes	<input type="text"/>	<input type="text"/>
Epilepsy	<input type="text"/>	<input type="text"/>
Convulsion	<input type="text"/>	<input type="text"/>
Fainting	<input type="text"/>	<input type="text"/>
Heart Disease	<input type="text"/>	<input type="text"/>
High Blood Pressure	<input type="text"/>	<input type="text"/>
Cardiac abnormality	<input type="text"/>	<input type="text"/>
Migraine headache	<input type="text"/>	<input type="text"/>
Sudden death before age 50	<input type="text"/>	<input type="text"/>
Sickle cell trait Disease	<input type="text"/>	<input type="text"/>
<b>B. STUDENT ATHLETE'S GENERAL HEALTH HISTORY:</b>		
Have you been diagnosed with any of the following?	<input type="text"/>	<input type="text"/>
Anemia	<input type="text"/>	<input type="text"/>
Abnormal bleeding	<input type="text"/>	<input type="text"/>

**Work down the sheet and select yes or no for each option. Hit save when completed.**

**Important!!!!!!  
If you say yes to any of the options- you MUST provide an explanation in the comment section to the right**

## Section 3

# Forms

- Where you would download and print your Sports Physical to take to the doctor- We have provided a copy already
- Electronic signature needed - DONE WITH A CLICK
- If you have HUSKY insurance where you would add upload form from AccessHealthCT
- Where you would upload the Sickle Cell form- there is no form to take to your doctor- You are requesting documentation from them, to upload

Once you are back to your portal select the E-Forms tab.

CSMi SPORTSWARE  
INJURY TRACKING SOFTWARE

Page: Dashboard Institution: Western Connecticut State Univ Athlete: Nevit, Andrew

My Info Med History **Forms** Print

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CALENDAR

### ATHLETE'S PORTAL - ATHLETE

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Practice Status:  
Cleared To Play: No

**Notices And Handbooks**

Open	Title
	concussion home instruction sheet

Show:  Today  This Week

No pending referrals.

**Sign Out**  
No records found.

[Change Photo](#)

Provides update of status

Click here to go to  
E Forms Section

# Physical Form

- Required to participate in the Fall
- Must be uploaded to Forms Section when completed
- We have provided the form (Preparticipation Sports Physical) / You can also download the form in this section

Western Connecticut State University  
Pre-participation Sports Physical

Must be accompanied by completed medical history and within 6 months of participation.

STUDENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
DATE OF EXAM: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	N/A	Abnormal Findings
Appearance			
Skin			
HEENT			
Lymph Nodes			
Heart:			
• Supine			
• Upright			
• Valsalva			
• Squatting			
Lungs			
Abdomen			
Genitalia			
Neuro			
Musculoskeletal:			
• Neck			
• Back			
• Shoulder/Upper Arm			
• Elbow/Forearm			
• Wrist/Hand			
• Hip/Thigh			
• Knee			
• Lower Leg			
• Ankle			
• Foot			

Assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# E-Forms Section



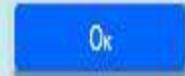
We have provided the physical form for you- If you need to print another physical form hit select and upload pre-participation physical- print - take to doctor- screen shot- front and back- upload back here

Page: Athlete Attachments

Institution: Western Connecticut State Univ

Athlete: Nevit, Andrew

Upload physical form in Insurance Section



- Add
- Open
- Delete

View:  Deleted Records

## Attachments

	Title	Date Uploaded	Required	Obsolete	Signed By	Date Signed	Status
Select	Pre-Participatory Physical Examination form	2/5/2018 10:47:28 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2/27/2018 12:06:00 PM	STARTED
Select	Acknowledgement of Insurance Requirements	2/5/2018 10:47:28 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>			NOT STARTED
Select	Affirmation of Medical History	2/5/2018 10:47:28 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>			NOT STARTED
Select	Assumption of Risk	2/5/2018 10:47:28 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>			NOT STARTED
Select	Consent to Treat	2/5/2018 10:47:28 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>			NOT STARTED
Select	Injury Acknowledgement Form	2/5/2018 10:47:28 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>			NOT STARTED
Select	Release of Medical Information	2/5/2018 10:47:28 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>			NOT STARTED

Electronically signed by parent and athlete

Electronically sign these forms right here, just hit select and do these (If under 18- parents must complete this section)

# Sickle Cell

---

When you go to your doctor. You must have a Sickle Cell test done if you have never had one. (REQUIRED BY EVERYONE) If you had one they must provide the Lab Results from your test. You must leave with a copy of these results.

Must provide proof of either having or not having sickle cell or sickle cell trait.

A lab test through blood drawn will give a result (you can have this done along with your physical!)

Once lab results come back take the results and upload them to E-forms section of Sportsware (same process as uploading physical).

Label it "Sickle Cell Test"

# Sickle Cell Test

Upload Sickle Cell form here- Label it: SICKLE CELL TEST

Page: Athlete Attachments

Institution: Western Connecticut State Univ

Athlete: Nevit, Andrew

OK

Add

Open

Delete

View:  Deleted Records

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## Important: Husky Insurance holders

You have one additional step to take to complete insurance requirement

# If you have HUSKY (Medicaid) INSURANCE

Husky (Medicaid) Insurance Confirmation Form

## Directions

Log-on to Access Health CT (If out of state find your states log-in address)

Member Log-in

- User ID
- Password

If you do not know you ID or password call 1-855-805-4325

When you have logged in follow these prompts:

- Click the " My Inbox"
- Next to the Message Center line click "View More".
- On the Eligibility Determination Notice line click "View".
- Either print off this form or take a screen shot with your phone.

From this point you can upload the document to your computer. You will than follow the directions at SportsWare on how to upload a document into the Forms Tab.

### For individuals whose insurance has lapsed:

If the policy was in your name and you make less than \$1,380/month you can renew without having to wait. Call 1-855-805-4325 and follow the prompts.

If it is a family policy (through the market place) or you make more than \$1,380/month you need to speak directly with Husky. You may not be able to renew your insurance until November.

You  
**MUST**  
FIND and  
then  
**UPLOAD**  
the  
following  
form

You will find this form  
With your information  
on Access Health

-----

You can do this  
yourself- you need your  
User ID and Password

-----

1-855-805-4325 call to  
get info

access health CT



Person ID: [REDACTED]  
Client ID: [REDACTED]  
Application ID: [REDACTED]

[REDACTED] Road  
[REDACTED] CT 06804

Mailed: November 14, 2017

**Here are the Results of your Health Care Renewal**

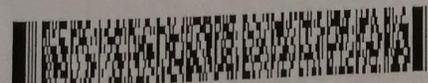
Dear [REDACTED],

We received your health care renewal on November 13, 2017. This letter has the results of your renewal application and lists any follow-up steps that you may need to take.

**Your Application Results**

Person	Health Coverage	Coverage Start	Coverage End*
[REDACTED]	Qualified for <i>HUSKY D - Adult</i> . ✓ You selected this coverage. ✓ You keep your current health coverage until November 30, 2017.	December 01, 2017	November 30, 2018

\* Coverage can end earlier if circumstances change. Also, some types of HUSKY Health have age-limits and so coverage may change or end during the year. Any premium tax credits for a health insurance plan could start, end or change on dates different than your coverage date based on the month you report changes to your income or household size.



# Forms

To ADD Husky insurance- Click on ADD  
Attach document and name it Husky Proof of Insurance- then  
hit ok

CSMi SPORTSWARE INJURY TRACKING SOFTWARE

Page: Athlete Attachments      Institution: Western Connecticut State Univ      Athlete: Nevit, Andrew

Ok

Add      View:  Deleted Records

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# **NCAA Forms:**

**REQUIRED ONLY IF IT PERTAINS TO YOU**

**THIS SECTION MUST BE FAXED OR MAILED  
TO THE WCSU ATHLETIC TRAINERS**

Mailing Address:

Mark Allen

WCSU

181 White St

Danbury, CT 06810

Attention: WAC Stadium

Fax :

Pete Alveren

(203) 837-8583

Attention: NCAA FORMS

# Who needs to fill out additional NCAA Forms

1. If you are taking medication for ADHD, you must get this documented from your doctor. Forms included, they MUST be mailed or faxed to our trainers.
2. If you have an inhaler for asthma, you must get this documented from your doctor. Forms included, they MUST be mailed or faxed to our trainers.
3. NCAA Medical Exception Procedures require that the use of an \*anabolic agent or peptide hormone must be approved by the NCAA before the student-athlete is allowed to participate in competition while taking these medications. To submit for a medical exception for these substances. Form included, the MUST be mailed of faxed to our trainers.

**MAKE SURE YOU FOLLOW THE INSTRUCTIONS ON THE FORM. YOUR PHYSICIAN IS BEING ASKED TO PROVIDE ADDITIONAL DOCUMENTATION NOT JUST A SIGNATURE.**

Online Link: [http://www.wcsuathletics.com/information/WestConn\\_Medical\\_Clearance](http://www.wcsuathletics.com/information/WestConn_Medical_Clearance)

# Log in Instructions

To find it through the school Use the link provided below:

[http://www.wcsuathletics.com/information/Athletic\\_Training](http://www.wcsuathletics.com/information/Athletic_Training)

(ADDITIONAL DIRECTIONS INCLUDED AT THIS SITE)

ATHLETIC TRAINING  
INFORMATION

*all forms best viewed with  
Internet Explorer/Safari or  
Firefox*

[Medical Clearance](#)

MANDATORY ATHLETIC  
CLEARANCE FORMS

**Select medical Clearance link on  
next page (top right corner of  
web page**

