

New Student-Athlete Medical Eligibility Checklist

SAGU Student-Athlete,

The job of an athletic trainer is to prevent, evaluate, diagnose, treat, and rehabilitate athletic injuries. The participation and success of Student-Athletes at Southwestern Assemblies of God University is important to the SAGU athletic training staff. Student-athletes have access to SAGU's Team Physicians and Licensed Athletic Trainers, who are available for care for any injuries or illness sustained participating in SAGU intercollegiate athletics.

SAGU requires medical documentation returned to SAGU by JULY 31ST —

Southwestern Assemblies of God University
Attention: Head Athletic Trainer
1200 Sycamore St., Waxahachie, TX 75165
or Fax: (972)923-8157

All necessary sports medicine documents are located on the SAGU athletics website under the Tab sports medicine, <http://www.sagu.edu/sports-medicine>.

Late completion of these required documents will delay the ability to participate in **ANY** team activities. Please complete the following checklist and return **all** documents to the above address/location.

SAGU New Student Athlete Packet: The student-athlete is responsible for completing the paperwork either by filling out on-line and printing, or by printing the requested information and filling out in blue/black ink. The Athlete must sign* the appropriate pages where indicated.

*No electronic signatures will be accepted

_____ Complete and sign: Statement of Risk Form Waiver and Release Form
 HIPPA Release Form Insurance Guidelines Form
 Verification of Primary Insurance Form

_____ Complete a **Pre-Participation Physical Examination (PPE)** using the form located in the **New Student-Athlete Packet titled PPE evaluation Form**. A *Medical Physician (MD/DO)* or a *Physician Assistant (PA-C)* working under a physician **must SIGN** and provide an office **STAMP** on the provided form from his/her establishment.

_____ A **Photocopy of the front and back of the Primary Insurance Card** for the policy under which the student-athlete is covered. A student athlete covered by more than one insurance must include a copy of all cards.

_____ **Watch Concussion Video** and Complete the **Injury and Concussion Acknowledgement**
http://www.youtube.com/watch?feature=player_embedded&v=T3FLRDxbLXg

_____ **Create an** account at www.SWOL123.net (further instruction found on website)

_____ Student-athletes that have had **surgery or have been under the care of a physician for an injury or illness** in the past 12 months, **must provide** written instructions from attending physician clearing the student-athlete for participation and noting any current activity restrictions.

SAGU aims to provide student-athletes with the best possible medical care. Questions regarding any of these forms or policies may be directed to Stuart Dunn, LAT at 972-825-4672 or sdunn@sagu.edu

Sincerely,

Stuart Dunn, LAT

Southwestern Assemblies of God University
ATHLETE'S STATEMENT OF RISK AND PERMISSION TO TREAT

Student Athlete Name: _____ **Date of Birth:** _____

The information provided herein is correct and complete. I understand that any falsification of the information will result in severe disciplinary actions, including permanent expulsion. Further, any falsification shall release Southwestern Assemblies of God University ("SAGU"), its representatives, and agents from any and all liability related in any way with my participation in athletic programs.

I understand and agree to the above statement: Initial _____

Statement of Good Health

I represent that I am in good physical condition to engage in rigorous physical activity, including but not limited to, conditioning exercises. If my physical condition changes, I will immediately withdraw from the physical activity. I have been advised to consult with a physician before engaging in strenuous physical activity.

I have read and understand the above statement: Initial _____

Agreement

I, _____, voluntarily elect to participate in one or more athletic programs at SAGU. Athletic programs include conditioning, training, practice, scrimmages, intramural and sanctioned intercollegiate NAIA competitions. I understand that there are risks associated with my voluntary involvement in sports and/or athletic programs. Risks include, but are not limited to heat exhaustion, dehydration, loss of consciousness, fainting, loss of eyesight, dismemberment, broken bones, concussions, ligament tears, muscle strains, pulled muscles, joint dislocations, partial paralysis, full paralysis, or death.

I understand that SAGU does not provide, and is not obligated to provide, any insurance that covers medical costs associated with injuries occurring during my participation in athletic programs. SAGU may secure a secondary insurance policy, which is more fully described in the Guidelines Regarding Insurance and Medical Expenses Form included in athlete's packet. I understand that this policy only pays claims after all claims have been filed with primary insurance and only after primary insurance limits have been exhausted.

SAGU has also elected to participate in the catastrophic insurance program mandated by the NAIA. This policy provides coverage for claims in excess of \$25,000 as described by the program. The first \$25,000 must be paid by my primary insurance, or a culmination of my primary and SAGU secondary coverage.

I understand and agree to the above Agreement: Initial _____

Treatment Permission

I grant permission for treatment deemed necessary for any condition arising during participation in these activities, including medical or surgical treatment recommended or instituted by physicians, athletic trainers, and other trained allied health personnel.

I also grant permission to any physician or medical institution to release records regarding my medical or health condition to the care of the Head Athletic Trainer. I understand that all records will be kept in confidence and only released when pertinent to filing of insurance claims.

I understand and agree to the above Treatment Permission: Initial _____

By my signature below, I agree with all parts of this Agreement.

Signed _____ Print Name _____ Date _____

Parent (if under 18) _____ Print Name _____ Date _____

SOUTHWESTERN ASSEMBLIES OF GOD UNIVERSITY

Athletics and Sports Medicine Department

WAIVER AND RELEASE OF LIABILITY

READ CAREFULLY.

Whereas, the undersigned desires to participate in an intercollegiate sport at Southwestern Assemblies of God University ("SAGU"), and fully understands the risks involved in that it is possible to sustain serious injury during the course of said sport. I understand that to be allowed to participate and/or receive instruction in a SAGU intercollegiate sport, I must give up my right to hold SAGU, its Board of Regents, faculty, employees, agents and volunteers liable for any injury or damage that I may suffer while participating and/or receiving instruction in this sport.

NOW THEREFORE, in consideration of the opportunity to participate in an intercollegiate sport at SAGU,

I _____, fully covenant not to sue and forever discharge SAGU, National Christian College Athletic Association, National Association of Intercollegiate Athletics, Red River Athletic Conference, all of their respective related departments, companies, and entities, and every director, governor, officer, trustee, partner and employee of, or who is affiliated with, any of the foregoing entities (hereinafter, "Releasees") from any and all liability that may result from my participation in this sport. I understand and agree that this Waiver and Release of Liability will be binding on me, my spouse, heirs, personal representatives, assigns, children, any guardian ad litem appointed for my children and any next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of the undersigned, whether caused by negligence of Releasees or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND THE WORDS AND LANGUAGE IN IT. I HAVE BEEN THOROUGHLY ADVISED OF THE POTENTIAL DANGERS OF PARTICIPATING AND/OR RECEIVING INSTRUCTION IN THIS SPORT.

Signature of Athlete _____ Date _____

Signature of Parent (if under 18) _____ Date _____

Southwestern Assemblies of God University (“SAGU”)
GUIDELINES REGARDING INSURANCE AND MEDICAL EXPENSES FORM

Name _____ Date of birth _____

SAGU endeavors to conduct its athletic programs in a manner, which is consistent with the highest standards of safety. However, intercollegiate sports by their very nature involve the risk of personal injury, which in some cases may be serious or even catastrophic. Therefore, as a willing participant in any college athletic program, there is a personal assumption of risk on your part that necessitates the requirement of obtaining primary health insurance for a student-athlete. All student-athletes must have the completed forms as specified on the Sports Medicine Pre-Participation Checklist prior to any participation.

Student-athletes participating in the intercollegiate athletics at SAGU are hereby advised of the following limitations and stipulations regarding the secondary medical coverage for all student-athletes:

1. The SAGU Sports Medicine Department has a secondary insurance policy for all varsity and junior varsity student-athletes. This policy requires the student-athlete to use their personal insurance **first** as the primary insurance. The SAGU secondary coverage applies only to injuries sustained during participation in scheduled and supervised intercollegiate athletic events or travel related thereto. It does not provide coverage for sickness or disease.
2. Medical or hospital expenses incurred as the result of an injury while going to or from class, participating in classroom requirements (e.g., activity classes), intramural activities, or in out-of-season workouts away from our campus WILL NOT be covered.
3. Use of SAGU Athletic Department’s facilities is limited to periods when authorized supervisory personnel are present. The SAGU secondary insurance will not cover expenses incurred from injuries and/or illnesses sustained during unsupervised participation or unauthorized use of SAGU’s facilities.
4. SAGU requires all student-athletes to maintain and show proof of medical health insurance for the academic year with specific coverage (for guidelines on what the coverage **must** include, please refer to the Academic Health Plans offered by SAGU at www.ahpcare.com/sagu or call 888.308.7320). It is the responsibility of each student-athlete to have in effect personal medical health insurance or to enroll in the student insurance plan offered by SAGU (www.ahpcare.com/sagu or 888.308.7320). SAGU’s secondary policy will not cover any student-athlete who does not maintain a primary health care plan.
5. SAGU provides quality care for all athletic injuries through its sports medicine providers. It is the responsibility of the student-athlete to report all injuries to the supervising Athletic Trainer as soon as they occur. Student-athletes will be evaluated and treated for the injury, and possibly referred for specialty consultations. Student-athletes have 60 days to request a medical consultation.
6. All injuries needing outside medical attention **must be referred** by the SAGU Sports Medicine Department. Do not seek treatment for any injury without first consulting with SAGU’s Athletic Trainer. Seeking initial treatment for any athletic injury without first consulting the SAGU Athletic Trainer will void SAGU secondary insurance coverage. In seeking treatment without a referral, the student-athlete will assume the entire cost of any medical expenses incurred as a result of that injury.
7. Non-prescription medications dispensed by the SAGU Sports Medicine Department shall be dispensed in single-dosage packages. The athletic trainer in this Department shall inform the student-athlete that he/she must be seen by a team physician if additional medication is necessary.

8. It is the responsibility of the student-athlete to confirm that the chosen medical health insurance includes athletic injuries. Health Maintenance Organizations (HMO) plans and certain health insurance policies exclude athletic injuries. Should this be the case, the student-athlete must enroll in another health plan that includes athletic injuries.

9. It is the responsibility of the student-athlete to abide by all rules and regulations that are stated in their policy. In the event you are covered by an HMO located outside the Waxahachie, Texas area, be advised that you must still abide by the policies of the HMO. This could necessitate travel outside the area for medical, surgical and rehabilitative services. Be advised that with some HMOs, you may be able to change the service area. Check to see if your medical health insurance policy provides coverage for this area and for the physician employed by the SAGU Sports Medicine Department: Luis C. Palacios, M.D., Medical Partners of Lakewood, 6333 E. Mockingbird Lane, Suite 126, Dallas, TX 75214.

I have read the above and foregoing Guidelines Regarding Insurance and Medical Expenses Form and submit that I fully understand the statements contained therein.

Signature of Student-Athlete	Printed Name of Student-Athlete	Date
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Signature of Parent/Guardian (if athlete is on parent/guardian insurance policy or under the age of 18)	Printed Name of Parent/Guardian	Date
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***** Athletes and/or parents are advised to keep a copy of these guidelines for future reference. A copy of this form may be requested at any time from the SAGU Sports Medicine staff.**

HIPPA Release
Student-Athlete Authorization / Consent for
Disclosure of Protected Health Information

I, _____ (Print name), hereby authorize SAGU and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for participation in intercollegiate athletics to any SAGU Sports Medicine Advisory Team Physician, Allied Health Personnel affiliated with SAGU, the Director of Athletics, my Head Coach, my Assistant Coach or member of the Media Relations Department, Academic Health Plan and NAIA Claim Services.

I understand that my injury / illness information is protected by federal regulations under the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization / consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure.

I also understand that I am not required to sign this authorization / consent in order to be *eligible for participation* in NAIA, NCCAA, Sooner Athletic Conference or Central States Football League competition. If you refuse to sign this release, you will not be denied treatment from the Athletic Training / Sports Medicine Department however you will not be allowed to *participate in your sport* in order to protect your medical condition and associated medical information.

I also understand that the Sooner Athletic Conference and Central States Football League is not covered by the Buckley Amendment or HIPAA and that these regulations will not apply to the Sooner Athletic Conference and Central States Football League's use or disclosure of my injury / illness information.

This authorization / consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the Athletic Director at SAGU. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization / consent.

Printed Name of Student-Athlete: _____

Signature of Student-Athlete: _____

Date of Signature: _____

Additional Names SAGU is
Allowed to release
information to: _____

SAGU VERIFICATION OF PRIMARY INSURANCE

Name of Athlete _____ Last 4 of SS _____

Address _____ City/Zip _____

Home Phone _____ Cell _____ DOB _____

EMERGENCY CONTACT INFORMATION

Contact #1

Name _____ Relationship _____

Address _____ City/ Zip _____

Home Phone _____ Cell _____ Work _____

Contact #2

Name _____ Relationship _____

Address _____ City/ Zip _____

Home Phone _____ Cell _____ Work _____

NOTE: YOU WILL NOT BE ALLOWED TO PRACTICE, CONDITION, OR ENGAGE IN ANY INTERCOLLEGIATE ACTIVITY WITHOUT INSURANCE THAT MEETS S.A.G.U.'S REQUIRED MINIMUM COVERAGE
(please go to www.ahpcare.com/sagu for specific benefit amounts required)

Insurance coverage through Parent Self Spouse Is Coverage a Temporary Policy Yes No EXP Date _____

Name of Policyholder (parent/self/spouse) _____ DOB _____

Address of Policyholder _____

Policyholder Contact Number _____

Employer's Name (if applicable) _____

Insurance Company Name & Address _____

Customer/Member Services Phone# _____ Type of Plan: PPO HMO Other _____

Subscriber/Membership ID # _____ Policy/Group # _____

Are you required to go to your own Primary Doctor? (HMO/PCP) Yes No

Name of Doctor _____ Phone _____

Name of Clinic _____ Phone _____

_____ **My health insurance covers injuries occurring when I participate in Intercollegiate athletic events.**

Initial

I hereby certify that the foregoing answers I have provided to the stated questions are true, complete and correct to the best of my knowledge. I hereby authorize any insurance company, hospital, physician, or other person who has attended or examined the student-athlete to disclose, when requested to do so, all information with respect to injury, medical history, consultation and treatment. A copy of this authorization shall be considered as effective and valid as the original.

Signature of the Student-Athlete

Date

Printed Name of the Student-Athlete

Parent Signature (if under 18)



Name _____

Sport _____

Date of Birth _____

M F Age _____

Preparticipation Medical History

Explain "Yes" answers in the box below**. Circle questions you do not know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	29. Have you ever become short of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a surgery?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you have any special protective or corrective equipment or devises that are not usually used for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a sprain, strain, or swelling after an injury?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you get tired more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? (Explain below)	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you want to weight more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a family member or relative died of heart problems or of sudden unexpected death before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has any family member been diagnosed with enlarged heart (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome, or other ion channelpathy (Brugada syndrome, etc.), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you ever been diagnosed with or treated for sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had a severe viral infection (Ex Mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
13. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	40. When was your first menstrual period?	_____	
14. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	41. When was your most recent menstrual period?	_____	
15. Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	42. How much time do you usually have from the start of one period to the start of another?	_____	
a. If YES how many times? _____			43. How many periods have you had in the last year?	_____	
b. When was last episode? _____			44. What was the longest time between periods last year?	_____	
16. How severe was each one? (Explain below)			Explain Yes Answers Below**		
17. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
18. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
19. Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
20. Have you ever had a stinger, burner or pinched nerve?			_____		
21. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
22. Are you under a doctors care?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
23. Are you currently taking any medication or pills or are you using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
24. Do you have any allergies? (seasonal, food, or medication)	<input type="checkbox"/>	<input type="checkbox"/>	_____		
25. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
26. Do you have any current skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
27. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
28. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
_____			_____		
_____			_____		
_____			_____		

I hereby state that, to the best of my knowledge, my answers to the questions above are complete and correct.

Signature of Athlete _____ Signature of Parent/Guardian(If needed) _____ Date: _____

SOUTHWESTERN ASSEMBLIES OF GOD UNIVERSITY 2014-2015

PHYSICAL EXAMINATION (Doctor completes after review of athlete's pre-participation form) :

Name: _____ Date of birth: _____
 Height: _____ Weight: _____ Pulse & Blood Pressure: _____ Vision : L) _____ R) _____

MEDICAL	Normal	Abnormal findings:	Initials*
Appearance			
Eyes/ears/nose/throat			
Lymph nodes			
Heart -Supine Position			
Heart-Standing			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type): _____ Date: _____

Address: _____ Phone: _____

Physician Signature: _____ M.D. / D.O.

Student Athlete Injury and Concussion Acknowledgement

- I acknowledge that I have a responsibility to the health and safety of the student-athletes. As such, I have a responsibility to report injuries and illnesses to the sports medicine staff (e.g., athletic trainer, team physician) as they occur, including and not excluding situations that occur during travel and while competing at other institutions. I have read and understand the Southwestern Assemblies of God University Concussion Management Plan.
- I have read and understand the NCAA Concussion Fact Sheet.
- I have watched the NCAA Concussion Video :
http://www.youtube.com/watch?feature=player_detailpage&v=T3FLRDxbLXg

After reading the NCAA Concussion Fact Sheet, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to my athletic trainer or team
Initial physician.

_____ A concussion can affect my ability to perform everyday activities, and affect reaction time,
Initial balance, sleep and classroom performance

_____ You cannot see a concussion, but you might notice some of the symptoms right away. Other
Initial symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my athletic
Initial trainer or team physician.

_____ I will not return to play in a game or practice if I have received a blow to the head or body that
Initial results in concussion-related symptoms.

_____ Following concussion the brain needs time to heal. You are much more likely to have a repeat
Initial concussion if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage, and even death.
Initial

Signature of the Student-Athlete

Date

Printed Name of the Student-Athlete

Parent Signature (if under 18)

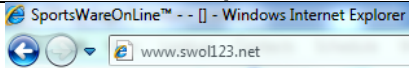
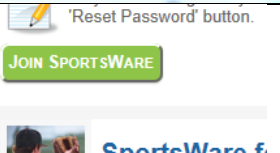
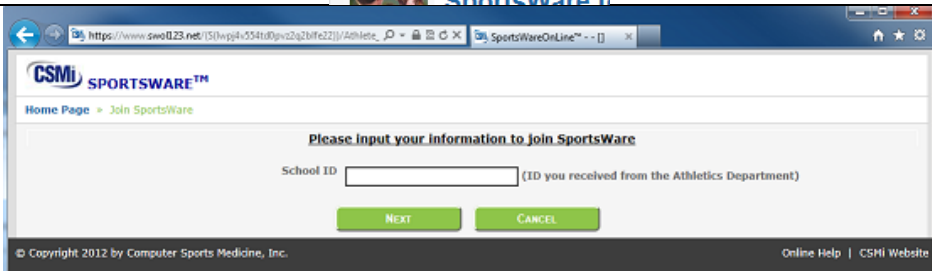
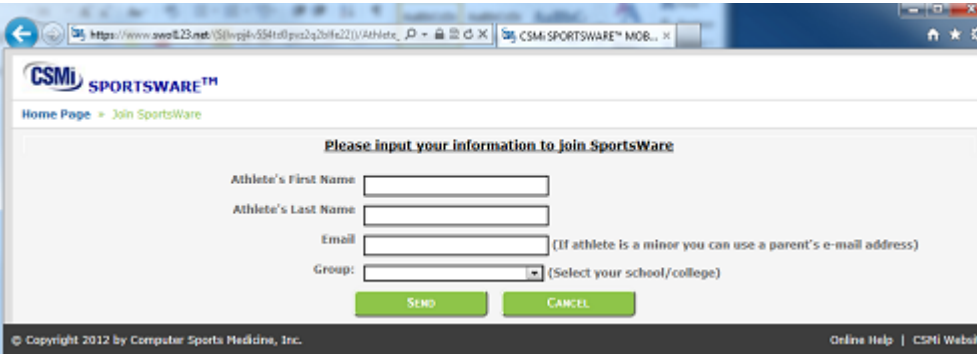
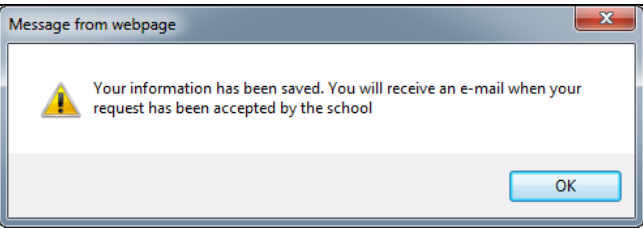
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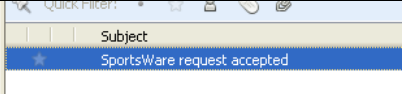
Dear << First Name>>:

Prior to participating on a team from <<College or High School X>>, athletes must provide the Athletic Department with current address, emergency contact, insurance, medical alert and health history information. To expedite this process <<College or High School X>> uses an online data entry system.

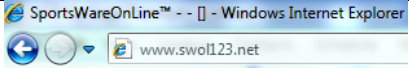

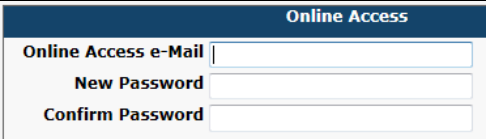
To enter your information, visit www.swol123.net. The first time you visit the website you will need to enter your <<College X or personal for High School parents>> email address and click Get Password.

Joining SportsWareOnline

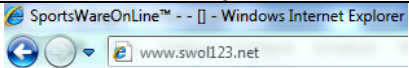

Instruction	Example
Go to www.swol123.net .	
Scroll to the middle of the screen and click the Join SportsWare button.	
Enter your School ID SAGU <i>You should have received a School ID from the athletic trainer. This is required to join the correct school.</i>	
Enter your First Name, Last Name, Email address and click the Send button.	
Your request to join SportsWare will then be sent to the Athletic Trainer for review.	

<p>Once your request is accepted you will receive an e-mail with the Subject "SportsWare request accepted".</p> <p>Open the e-mail and click the www.swol123.net link to continue to SportsWareOnLine.</p>	
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Setting Your Password

Instruction	Example
Go to www.swol123.net	
Enter your Email Address and click the Reset Password button.	
<p>You will receive an e-mail with the Subject "SportsWareOnLine Password Request".</p> <p>Open the e-mail and click on the link to reset your password. Enter your e-mail address, new password and click the Save button.</p>	

Updating Your Information

Instruction	Example
Go to www.swol123.net	
Enter your Email Address and click the Login button.	
<p>At the top of the page is the Menu Bar.</p> <p>My Info: Update your address, emergency contact and insurance information.</p> <p>Med History: Complete a Medical History questionnaire.</p> <p>Forms: View/complete required paperwork. Note: SportsWare will also display "You have ? forms to complete/download".</p>	