Step 1: Get Physical from your own Physician or Health and Wellness
(You can make an appointment with Health and Wellness at 631-420-2009)

Link to Physical Form for your doctor to fill out...
Bring completed physical form to Health & Wellness, they will then give you a clearance card.
**Only hand Health and Wellness your PHYSICAL FORM, do not give them your Acceptance of Risk/Consent to Treat and Insurance Forms**

Step 2: UPDATE INFORMATION VIA THE SPORTSWARE ONLINE ATHLETE DASHBOARD
To get started, go to www.swol123.net
If you forgot your login information please enter your email address and hit reset password.

☐ Login and review all the appropriate information in all required fields (Under My Info)
☐ Update the health history questionnaire (Under Med History Tab)
☐ Upload a photo or scanned image of your insurance card to SportsWare under the Insurance Tab

Step 3: THE FOLLOWING DOCUMENTS CAN BE DROPPED OFF OR MAILED TO THE ATHLETIC TRAINING ROOM:

☐ Clearance Card from Health and Wellness
☐ Insurance Form
☐ Copy of Insurance Card (Front and Back)

ALL FORMS ARE LOCATED ON THE FARMINGDALE SPORTS ATHLETIC TRAINING PAGE AT
http://www.farmingdalesports.com/athletics/athletic_training/clearance

MAIL TO: Farmingdale State College
Athletic Training Department
Nold Hall
2350 Broadhollow Rd.
Farmingdale, NY 11735

ANY QUESTIONS PLEASE CONTACT:
Jennifer Bergstein LAT, ATC, MS Ed
Email: Jennifer.bergstein@farmingdale.edu
Office: 631-420-2539

Jessica Dautner LAT, ATC, EMT-B
Email: jessica.dautner@farmingdale.edu
Office: 631-794-6281

ALL INFORMATION MUST BE COMPLETED AND RECEIVED BY THE ATHLETIC TRAINING STAFF NO LATER THAN AUGUST 1st
ACKNOWLEDGEMENT OF INSURANCE REQUIREMENT

I, _________________________________, attest that I have insurance coverage under a current, in force insurance policy for injuries that occur during my participation in intercollegiate athletics.

To the Parent/Guardians of Applicants Under 18 Years of Age Only

I, __________________________, as parent, guardian or legal representative, attest that _________________________ has Insurance coverage under a current, in force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics.

Parents/Guardian Signature: __________________________
Date: __________________________

***If there is a material change in coverage or expiration of coverage, I agree to notify Farmingdale State College of this development and update the insurance information I have on file with Farmingdale State College.***

***I understand and agree that Farmingdale State College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Farmingdale State College.***

***All student athletes must prove that they have medical insurance. Failure to do so will prevent participation in intercollegiate athletics. If you are uninsured, you may purchase a comprehensive accident and insurance policy through Farmingdale State College. Please be advised that all student athletes are liable for medical expenses accrued during participation. In order for student-athletes to participate in any activity sponsored by the Farmingdale State College Athletic Department, the student-athlete must fill out this form and be cleared by the Health & Wellness Center before any participation.***

Student Athlete Signature: __________________________
Date: __________________________

Parent/Guardian Signature: __________________________
Date: __________________________

*PLEASE SUBMIT THE FRONT AND BACK OF YOUR INSURANCE CARD*