



Seminole Community College

Department of Athletics 56 / Athletic Training
100 Weldon Boulevard | Sanford, FL 32773-6199 | Phone: 407-708-2675 | FAX: 407-708-2142

Dear Parent, Guardian and/or Student Athlete:

Another exciting academic year is quickly approaching and there is a lot to do in preparation for the academia and athletic challenges that lay ahead. Enclosed you will find a collection of documents to be carefully reviewed and completed as part of the process of readiness for Seminole Community College Athletics.

Please take the time necessary to carefully read through and complete all documentation enclosed in this packet. A checklist is provided in an effort to make this process more orderly.

All documentation with original signatures is due by the first Friday in August. Facsimiles will not be accepted. Pre-participation Physicals must be completed no sooner than June 1st and no later than the assigned reporting date in August. Feel free to contact the office of our team physician, Dr. Daniel Monette, for availability of physical screenings (contact information on page 2, charges may apply).

If there are any questions not already addressed in these pages, please feel free to use one of the following resources.

SCC Sports Medicine web pages: www.scc-fl.edu/athletics/athletictraining

SCC Main Athletics Office: 407-708-2090 Monday – Thursday from 9:00 AM – 4:00 PM

SCC Head Athletic Trainer email: conwayt@scc-fl.edu.

In Health,

Tara Conway, M.S., ATC
Head Athletic Trainer



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For Your Records

The Athletic Training Department enlists the valued expertise of the area's physicians and specialists in the extended care of your student-athlete. Below, please find a current listing of the physicians and specialists whom have graciously extended preferred appointment times to our athletes.

Use of these physicians is not mandatory. You have the right to refuse treatment or refuse the use of our team physicians. You have the right to utilize your own physicians and specialists.

Family & Sports Medicine:

Dr. Daniel R. Monette
North Seminole Family Practice & Sports Medicine
2209 French Avenue
Sanford, FL 32771
407-321-4230

Spine Health

Dr. Matthew Herba, D.C.
Herba Family Chiropractic
158 Tuskawilla Road, Suite 1308
Winter Springs, FL 32708
407-327-9000

Orthopedic Specialist:

Dr. Randy Schwartzberg
Orlando Orthopaedic Center
1000 West Broadway Street., Suite
Oviedo, FL 32765
407-977-3500
<http://www.orlandoortho.com>

Physical Medicine & Rehabilitation

CORA Sports Medicine & Rehabilitation Clinics
Longwood and Lake Mary Offices
<http://www.corahealth.com/>
<http://www.corahealth.com/clinics/florida.asp>

Local Emergency Room(s):

In the event of an emergency situation the Emergency Room services most likely to be utilized will be:

Orlando Regional South Seminole Hospital
555 West State Road 434
Longwood, Florida 32752
407-767-1200

http://www.orhs.org/comm_hosp/south_sem/index.cfm

For a complete and up-to-date listing of our Sports Medicine Team, please visit our website at:
<http://www.scc-fl.edu/athletics/athletictraining/>.



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Pre-Participation Packet Checklist

Primary Insurance

- Insurance identification card to be carried by student?
- Front and Back of insurance identification card copied and enlarged?
- Reference Form E2 “Acknowledgement & Agreement to Participate”, Sections AT.E2.3 and AT.E2.4.**
- Out of area referral accepted by primary insurance provider?
- Are the SCC Team Physician(s) participating provider(s) of your primary insurance?

Supplemental Insurance

- Supplemental accidentally injury coverage for primary insurance needed / wanted?

Form A1 – Contact, Insurance and Physician Information

- Permanent Address and First-Guardian information required.
- Notifications at end of form read, understood, and individually initialed?
- Item 4 and 5 on page two read, understood, and initial.
- Signed, dated and notarized? Notary requirements outlined above guardian signature line.

Form B1 – Health History

- COMPLETELY and ACCURATELY filled-out?
- Signed and dated by student-athlete?

Form C1 – Health Information Release

- Signed, dated, and notarized? Notary requirements outlined above guardian signature line.

Form D1 or equivalent – Pre-participation Physical

- COMPLETELY filled out?
- Address, signature, and date of physical by providing healthcare practitioner is mandatory.

Form E1 – Agreement of Participation

- Signed, dated, and notarized? Notary requirements outlined above guardian signature line.

Form E2 – Acknowledgement & Agreement to Participate

- Each section carefully read and initialed?



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