



David J. Chao, MD
Founder & President

Bob Babbitt
Board Member

Jim Hammond
Board Member

Shari Brasher
Board Member

Charles Camarata, MD
Board Member

Robert Pace
Board Member

Carolyn Greer
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James Collins
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Richard Butcher, MD
Board Member

Larry Roberts
Board Member

Sue Lalicker
Board Member

Alex DeVito
Director

Edward Ayub
Board Member

Jerry Hizon
Board Member

Lee Rice
Board Member

Candidate Application

DX: _____
DOI: _____ DOB: _____
OFFICE USE ONLY

CANDIDATE DATA

NAME: _____
Last First MI

ADDRESS: _____
Street City State Zip

TELEPHONE: _____
Home Cell

EMAIL: _____

GENDER: MALE FEMALE AGE: _____

Do you have any type of medical/health insurance? Yes No

Please explain: _____

EDUCATIONAL INFORMATION

Name of Jr. or High School: _____

Graduation Date: Month _____ Year _____

PARENT(S) OR GUARDIAN DATA

Please provide the name, address, and phone number of the parent(s) or guardian you reside with.

NAME: _____
Last First MI

ADDRESS: _____
Street City State Zip

TELEPHONE: _____
Home Work Cell

EMAIL: _____

RELATIONSHIP TO STUDENT: _____

The mission of the San Diego Sports Medicine Foundation is to provide a medical safety net for injured youth with limited financial means in order to return them back to health, life and sports.



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CANDIDATE SPORTS/ACTIVITIES INFORMATION

Please list both school and club sporting teams you participate with or have participated with:

1: _____
2: _____
3: _____
4: _____

ESSAY/ LETTERS

Three letters are requested by the SDSMF to process the applications.

1. On a separate piece of paper, please provide a one-sided one-page personal statement. Please include your name, date, your current school and your goals (academic and sports related).
2. On a separate piece of paper please have your parent(s) or guardian state current financial and medical insurance situation and why the means of the SDSMF are needed.
3. On a separate piece of paper please have your resources, i.e. Athletic Trainer, Coach, Teacher, Doctor inform us on your current injury status, date of injury, the sport you participate in and what is needed/recommended for your medical care and well-being to return to normal sport activities. Any additional medical records related to the injury stated above are requested.
4. Please submit a photo of yourself, preferably in your sports uniform/gear for our files. The photo(s) will remain property of the SDSMF.

SIGNATURES

CANDIDATE SIGNATURE

PARENT/GAURDIAN SIGNATURE

DATE

DATE

Please send application and documents to:

San Diego Sports Medicine Foundation
C/O Alex DeVito
8901 Activity Road
San Diego, CA 92126

RECEIVED BY: _____ DATE: _____

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AUTHORIZATION

The undersigned hereby authorizes San Diego Sports Medicine Foundation to use the attached testimonial statement and/or photographic likeness for the purposes of marketing and/or fund-raising commencing on the date of execution hereof and continuing until this authorization is retracted in writing. Future requests may be initiated by the foundation for the purposes of marketing and/or fund-raising to maintain the candidate's profile and information.

Neither San Diego Sports Medicine Foundation nor the undersigned will be entitled to any fee or other compensation for using or posting the attached testimonial and/or likeness.

The person signing this Authorization warrants that he/she has the authority to execute this Authorization and the execution of the Authorization has been approved by the Board of Directors of the undersigned if the undersigned is a stock or not-for-profit corporation. If the undersigned is a limited liability company, the execution of this Authorization has been approved by the undersigned's managers. If the undersigned is a limited partnership, the execution of this Authorization has been approved by the undersigned's general partner(s).

A photocopy or facsimile transmission of the Authorization shall be construed as valid as the signed original Authorization.

On behalf of San Diego Sports Medicine Foundation:

Alex DeVito, Director

Date

SIGNATURE

Signature (Parent or Guardian, if minor)

Date

Print Name / Relationship

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Follow-up Questions for SDSMF Financial Sponsorship:

The information provided below will be reviewed by the SDSMF medical board and used in the decision making process for voting purposes and to qualify _____ (insert name) for financial support from SDSMF for her medical care and treatment.

1. Do you or your child currently have health insurance? Please explain.

2. Does your employer offer health insurance?

3. When was the last time your child had health insurance?

If so, what type? What is the deductible? What does the insurance policy cover?

4. Why would cash payment for your child's medical care be a financial hardship for you?

5. Have you ever applied for Medical or Healthy Families health benefits for your child? Please explain.

6. Do both parents have custody of your child? If not, please explain.

Signature: _____ Print Name: _____ Date: _____

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