

## BERA CLUB ACTIVITIES – Insurance Information

**Weight Room or fitness activities:** Any contractor or family member (this includes spouse/partner, adult children, guests/contractors) wishing to use the Weight Room MUST present a copy of their medical insurance card and initial a receipt (below) that states they have valid insurance in place in order to participate in any fitness activities or the weight room. The Recreation Office (Bldg 400) will keep this receipt on file.

**BERA CLUB ACTIVITIES:** ***BSA paid employees*** must fill out this **BERA Sports Clearance Form**\* and go through the clearance procedure with OMC @490 (not the BERA Office). Once reviewed by OMC, the clearance form will be mailed to the player who must then furnish a copy to the captain in order to practice or play. **Injury Report Form**

***\*Non-employees are not required to fill out the BERA Sports Clearance form,*** but are required to show proof of current health insurance in place and sign a receipt that states as much. The Recreation Office (Bldg 400) or your team captain will keep this receipt on file.

***POLICY Change in effect:*** If you are injured during any recreational activity or while playing in BERA sports league on site, **you** must call the Occupation Medical Clinic at ext. 3670 or email [nurses@bnl.gov](mailto:nurses@bnl.gov) immediately, no later than 24 hours post injury. Leave a message if after hours.

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### FOR NON-EMPLOYEES WHO HAVE BADGES:

CONFIRMATION OF MEDICAL INSURANCE

Date: \_\_\_\_\_

The individual listed below has shown their Team Captain or Recreation Office their medical insurance card and is now able to participate in one of the following:

- 1) BERA League Sports
- 2) Fitness Activity
- 3) Weight Room

Player/Member: \_\_\_\_\_ has shown proof of insurance.  
Please print your name

Player/Member: \_\_\_\_\_ Life # \_\_\_\_\_  
SIGNATURE

Team Captain: \_\_\_\_\_ Life # \_\_\_\_\_  
Please print your name