

BERA CLUB ACTIVITIES

Requirements for BSA employees: BSA employees must fill out this **BERA Sports Clearance Form*** and go through the clearance procedure with OMC at ex.490 (not the BERA Office). Once cleared by OMC, the clearance form will be mailed to the employee who must then furnish a copy to the team captain in order to participate.

Requirements for non-employees: *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 this form. The Recreation Office (Bldg. 400) or your team captain will keep this receipt on file.

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 sign this form in order to participate in any fitness activities or use the weight room. The Recreation Office (Bldg. 400) will keep this receipt on file.

Requirements for both BSA employees and nonemployees

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 immediately, no later than 24 hours post injury. Leave a message if after hours. In addition, anyone, employee or non-employee, must fill out the **Injury Report Form and return that to the OMC.**

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 by agreeing to this form is now able to participate in one of the following:

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

I _____ am participating in an activity sponsored by Brookhaven Employees' Recreation Association (BERA) as a non-employee. I am doing so at my own risk and have comprehensive medical insurance. I agree to release, indemnify and hold harmless BERA and Brookhaven Science Associates, LLC from injuries, if any, I sustain from my voluntary participation.

Player/Member: _____ Life # _____
Signature

Team Captain: _____ Life # _____
Please Print your Name