

Mandatory Student Athlete Insurance Verification Form

All student athletes must complete for the 2009 – 2010 academic year

Coe College and the NCAA have instituted a mandatory health insurance/demographics requirement for any individuals participating in the following categories:

Intercollegiate Athletics/Cheerleading

IMPORTANT: Failure to complete this form in its entirety and submit will result in the **Inability to Practice or Compete.**

Section A: Student Athlete

Last Name: _____ Middle Initial: _____ First Name: _____

SSN#: _____ **Circle Year in School:** Fresh, Soph, Jr, Senior, 5th year Birth date: ___/___/___

Sports Participating in at Coe College: 1. _____ 2. _____

TO BE COMPLETED BY THE POLICYHOLDER (Usually PARENT or GUARDIAN)

Section B: Health Insurance Certification

Name of Insurance Company: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone # _____

Policyholder Name _____ Policy Type (HMO, PPO, POS) _____

Policy/Group # _____ Plan/Code # _____

Effective Date: _____ Policyholder Date of Birth _____

Student Athlete’s Relationship to Insurance Provider: _____

Waiver: *I certify that the all insurance information listed above is accurate and correct. By providing my Signature, I understand that Coe College will assume no responsibility whatsoever for the payment of medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Coe College. In addition, my medical insurance meets the following guidelines:*

- 1. The above listed student is covered under this policy.
- 2. The insurance provided covers injuries/illness’ incurred to athletic practices/events.
- 3. The policy covers injuries/illness’ up to the amount of \$75,000.

Policyholder Signature: _____ **Date:** _____
(Not athlete, unless they have their own policy)

***** A COPY OF BOTH SIDES YOUR INSURANCE CARD with this form is MANDATORY.*****

It is the responsibility of the policyholder to let Coe College Athletic Training Services know if there are any changes in the above policy. The policyholder signature indicates that all of the above information is correct.

Return By August 1 to:
Coe College, 1220 1st Ave N.E.,
Eby Field House,
c/o Shaun McCarthy,
Cedar Rapids, IA 52402
Fax 319-399-8721