

## **ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS**

It will be necessary for you to verify coverage for athletic injuries under your medical insurance policy prior to participation in the Concordia College Intercollegiate Athletics program. The department **DOES NOT** assume responsibility for payment of medical costs associated with injuries. The NCAA requires all students participating in an intercollegiate sport to have medical insurance. Concordia College Athletic Department abides by the insurance guidelines set forth by the NCAA. If you cannot show proof of adequate medical insurance, you will not be allowed to participate in the intercollegiate athletic program at Concordia College. A number of medical policies **DO NOT** cover intercollegiate athletic-related injuries. If you decide to subscribe to or are a subscriber of the medical insurance offered by Concordia College, please be aware that injuries sustained while participating in an intercollegiate sport **WILL NOT** be covered under that policy.

Please read through and complete the following form before participation in the intercollegiate athletic program at Concordia College will be allowed:

I, \_\_\_\_\_, attest that I have insurance and a current, in force  
(student name)  
policy for injuries that occur during participation in intercollegiate athletics.

I, \_\_\_\_\_, understand that some additional benefits are also  
(student name)  
available under the secondary insurance policy carried by the college.

I, \_\_\_\_\_, understand I will assume responsibility of all  
(student name)  
costs not covered by my insurance policy or the secondary insurance policy of the college and  
the Concordia College Athletic Department will assume no payment of, or authorization to pay,  
medical expenses resulting in injuries while participating in intercollegiate athletics at Concordia  
College.

If there is a material change in coverage or expiration of coverage, I agree to notify the Sports Medicine Staff and Athletic Department at Concordia College of this development and update the insurance information I have on file with the Sports Medicine Staff at Concordia College.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ATTACH A PHOTOCOPY (FRONT AND BACK) OF YOUR HEALTH INSURANCE CARD.**