



Wartburg College

2010-2011 Athletic Insurance Information Sheet

*As of August 1, 2010, the NCAA deductible has been increased to \$90,000 from \$75,000

The following information and authorization must be completed for both parents even if they are divorced. If a parent is deceased please denote. PLEASE PRINT ALL INFORMATION REQUESTED ON THIS FORM. N/A or blank answers are not acceptable. This form must be completed before participation. All information will be kept confidential and used solely for the purpose of providing appropriate medical care for the student-athlete. Mail to: Dept. of Athletics-Athletic Training, 100 Wartburg Blvd, PO Box 1003 Waverly, IA 50677-0903

Student-Athlete _____ Year in School _____

Date of Birth _____ Sport(s) _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (Area Code) _____ Cell Phone (Area Code) _____

Father's Name _____ Cell Phone (Area Code) _____

Address (If different than above) _____ City _____ State _____ Zip _____

Mother's Name _____ Cell Phone (Area Code) _____

Address (If different than above) _____ City _____ State _____ Zip _____

PRIMARY INSURANCE INFORMATION-PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD

Policy Holder's Name _____ Date of Birth _____

Policy Holder's Home Phone _____ Policy Holder's Cell Phone _____

Policy Holder's Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Insurance Company _____ Customer Service Phone # _____

Insurance Company Address _____ City _____ State _____ Zip _____

Group Number _____ ID/Member Number _____ Other Numbers _____

Insurance Type (Please Circle) HMO PPO UNRESTRICTED Is athlete covered when away from home? Y N

Primary Care Physician (PCP) _____ Phone _____

Does your policy cover athletic related injuries? Y N Is referral required from PCP to see a specialist? Y N

SECONDARY INSURANCE INFORMATION (IF APPLICABLE)-Please copy information on back side of sheet

ACKNOWLEDGEMENT OF INSURANCE COVERAGE, ACKNOWLEDGEMENT OF RISK AND MEDICAL CONSENT

I/we understand it is the responsibility of the student athlete to carry health insurance coverage with a medical maximum of at least \$90,000.* The student-athlete will not be allowed to practice or compete without proof of coverage. The student-athlete is responsible for all medical claims related to their participation in intercollegiate athletics at Wartburg College.

I/we understand the risks of injuries and losses that can occur as a result of participation in intercollegiate athletic activities and assume all risk.

I/we hereby further consent to Wartburg College obtaining whatever medical treatment and/or care as is deemed necessary by the College staff for the health and well-being of the student-athlete and I/we consent to have administered to the athlete any emergency medical or surgical treatment recommended by any licensed physician.

Parent/Guardian's Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____

If the student-athlete is 18 years or older, a parent's signature is not required for medical consent. However, it is highly recommended that the parent(s) read and sign the form to indicate that they acknowledge and understand the information provided on this page

*The NCAA Catastrophic Insurance Program provides coverage from \$90,000 with a lifetime benefit of up to \$20,000,000.