

**Acknowledgement of Insurance Requirements and Coverage**

<To be completed by both the parent/guardian and student-athlete>

We, \_\_\_\_\_ and \_\_\_\_\_  
(Parent or guardian's name, please print) (Student-athlete name)

attest that \_\_\_\_\_ has insurance coverage under a current,  
(student-athlete name)

in force insurance policy. I have read the policy summary regarding Calvin College's secondary athletic accident coverage and agree to its terms and conditions.

If there is a material change in coverage or expiration of coverage, I agree to notify the Calvin College athletic department of this development and update the insurance information I have on file.

I understand and agree that Calvin College will assume no responsibility for payment of, or authorization to pay, medical expenses that are not the direct result of an accident suffered during an approved intercollegiate practice or competition. Furthermore, although students have the right to choose any medical provider, Calvin College will only assume financial responsibility for those services pre-approved by the Athletic Training Staff or Team Physician.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of student-athlete)

\_\_\_\_\_  
(Date)

**This form must be signed and returned by August 7, 2007**

Return to:  
Jenny Toonstra, MA, ATC  
Head Athletic Trainer  
3195 Knight Way SE  
Grand Rapids, MI 49546

**You MUST include a copy (front and back) of your current insurance card and completed emergency contact/insurance form in order to be eligible for participation in Calvin College Intercollegiate Athletics.**