



# Acknowledgement of Insurance Requirements and Coverage Form

**Note: If the student-athlete receives their medical insurance coverage through a parent/guardian, that parent/guardian must also sign this form.**

We, \_\_\_\_\_ and \_\_\_\_\_,  
(Parent/Guardian's Name, Please Print) (Student-athlete's Name, Please Print)

attest that \_\_\_\_\_ has insurance coverage under a currently effective medical insurance  
(Student-athlete's Name, Please Print)

policy. We have read the policy summary regarding Calvin College's secondary athletic accident coverage and agree to its terms and conditions. Information regarding this policy can be found at:

<http://www.calvin.edu/sports/medicine/policies.htm>

If there is a material change in coverage or expiration of coverage, we agree to notify the Calvin College Athletic Training Staff of this development and update the insurance information which is on file.

We 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 student-athletes 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.

\_\_\_\_\_  
(Parent/Guardian's Signature)

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

\_\_\_\_\_  
(Student-athlete's Signature)

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

Tape Copy of the Front Side of Your Insurance Card Here

Tape Copy of the Back Side of Your Insurance Card Here

**Please return completed form, front/back copies of insurance card(s), and Student-Athlete Information Form to:  
Calvin College Sports Medicine, 3195 Knight Way SE, Grand Rapids, MI, 49546**