

SPORT: _____

Revised July 2011

**Cazenovia College
Department of Athletics**

2011-2012 EMERGENCY CONTACT, INSURANCE AND INJURY RELEASE FORM

Name _____ Age _____ Date of Birth _____

The Acknowledgement of Insurance Requirements must be read and understood and this form completed **PRIOR** to the student-athlete participating in practice and/or competition.

By signing the bottom of this form, you are certifying that you have a minimum of \$90,000 of health coverage in the event of a catastrophic athletic injury, and that your insurance is the **PRIMARY** insurance. Cazenovia College is not responsible for any incurred medical bills while participating in intercollegiate athletics. Your insurance policy must include a rider to cover athletic injuries.

Parent/Guardian Name _____

Address _____

Home Phone _____ Work Phone _____ Cell/Other _____

Policy Holder Name _____ Relationship to Student-Athlete _____

Address _____

Home Phone _____ Work Phone _____

Insurance Company Name _____

(****Your plan must have a minimum of \$90,000 of coverage)

Primary Physician _____ Office Number _____

PRE-EXISTING MEDICAL CONDITIONS

HAVE YOU EVER BEEN KNOCKED UNCONSCIOUS? YES _____ NO _____

IF YES, WHEN? _____

ALLERGIES TO SUBSTANCES OR MEDICATIONS

CURRENT MEDICATIONS _____

WHO TO NOTIFY IN AN EMERGENCY

NAME _____ PHONE _____ RELATIONSHIP _____

I have read and agree to comply with the provisions of the 2011-2012 Acknowledgement of Insurance Requirements. I attest that I have insurance coverage under a current, in force insurance policy for injuries that occur during my participation in intercollegiate athletics.

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

I DECLARE TO THE BEST OF MY KNOWLEDGE THAT THE ABOVE QUESTIONS HAVE BEEN ANSWERED TRUTHFULLY AND CORRECTLY. THIS INFORMATION MAY BE USED IN ANY INSTANCE IN WHICH I MAY NEED MEDICAL ATTENTION FOR MYSELF, WHETHER KNOWING OR NOT KNOWING, FOR MY WELL BEING.

****IF STUDENT IS A MINOR, PARENT OR GUARDIAN MUST ALSO SIGN BELOW**

STUDENT SIGNATURE _____ DATE ____/____/____

PARENT/GUARDIAN SIGNATURE _____ DATE ____/____/____

This form must be completed and returned by **AUGUST 1, 2011**.

*Return To:
Kathy Nielsen, Administrative Assistant
Cazenovia College, Department of Athletics
Cazenovia, NY 13035*

INSURANCE FORM 2011-2012