Personal Insurance Information for Athletes[10]

This form must be completed, signed and returned to the Athletic Department prior to participation in any intercollegiate athletic activity. The College secures accident coverage that may be utilized only after family insurance is exhausted.

Athlete Name**:** _____ Date: _____

Are you insured under your parent's insurance? YES NO
Insurance Company: _____
Policy Holder's Name: _____
Policy Number: _____**Group Number:** _____

Father's Name: _____
Father's Address: _____
Father's Employer and Address: _____
Mother's Name: _____
Mother's Address: _____
Mother's Employer and Address: _____

OR

Do you have your own policy? YES NO
Name: _____
Policy Number: _____ **Group Number:** _____
Home Address: _____
School Address: _____
(if living away from home)

Did you purchase MCCC school insurance? YES NO

Athlete Signature: _____ Date: _____

*******Please include a photo copy of your current health insurance card*******

Permission to Treat

(only if under 18 years of age)

I _____ as the parent/guardian of _____

give my permission for the Athletic Trainer to treat him/her in the event of accident or injury. I understand the Athletic Trainer works under the supervision of the team physician and communicates with him concerning the treatment and rehabilitation of injured athletes.

Signature: _____ Date _____