

***INSURANCE REQUIREMENTS***

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS - *Student Version*

I, \_\_\_\_\_, attest that I have insurance coverage under a current,  
(Student-Athlete name)

in force insurance policy for injuries that occur during my participation in intercollegiate athletics.

This Coverage is provided via: (Circle one) Personal Health or Wilson College Insurance

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

I understand and agree that Wilson College does carry an umbrella policy as a secondary form of accident insurance. This policy has a \$100 deductible for medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Wilson College. All reportable claims must go through the approval and authorization of the Certified Athletic Trainer.

\_\_\_\_\_  
(Signature)

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

**TO ENSURE ELIGIBILITY FOR PARTICIPATION THIS FORM MUST BE SIGNED AND RETURNED TO THE WILSON COLLEGE DEPARTMENT OF ATHLETICS IMMEDIATELY**

Return to:

Wilson College  
Attn: Tracy Randall  
Department of Athletics  
1015 Philadelphia Ave.  
Chambersburg, PA 17201

**YOU MUST INCLUDE A COPY (FRONT AND BACK) OF YOUR CURRENT INSURANCE CARD AND THE COMPLETED EMERGENCY CONTACT AND INSURANCE INFORMATION FORM.**

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS - *Parent Version*

I, \_\_\_\_\_, as parent, guardian or legal representative, attest that  
(Name, please print)

\_\_\_\_\_ has insurance coverage under a current, in force insurance  
(Student-Athlete name)

policy for injuries that occur while she is participating in intercollegiate athletics.

This coverage is provided via: (Circle one) Personal Health or Wilson College Insurance

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

I understand and agree that Wilson College does carry an umbrella policy as a secondary form of accident insurance. This policy has a \$100 deductible for medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Wilson College. All reportable claims must go through the approval and authorization of the Certified Athletic Trainer.

\_\_\_\_\_  
(Signature)

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

**TO ENSURE ELIGIBILITY FOR PARTICIPATION THIS FORM MUST BE SIGNED AND RETURNED TO THE WILSON COLLEGE DEPARTMENT OF ATHLETICS IMMEDIATELY**

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