

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

(Parent Version- if student is covered under parental insurance)

I, _____, as parent, guardian or legal representative, attest that
(name, please print)

_____ participating in _____ has insurance coverage under a current,
(student-athlete name, print) [sport(s)]
in-force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics. This coverage has limits of at least \$75,000.

If there is a material change in coverage or expiration of coverage, I agree to immediately notify UW-L of this development and update the insurance information I have on file with the athletic trainers at the University of Wisconsin – La Crosse.

I understand and agree that UW-L will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at the University of Wisconsin – La Crosse.

(signature)

(date)

(Student Version- if student has independent insurance, not under parental insurance)

I, _____, participating in _____ attest that I have insurance coverage
(student-athlete name, print) [sport(s)]
under a current, in-force insurance policy for injuries that occur during my participation in intercollegiate athletics. This coverage has limits of at least \$75,000.

If there is a material change in coverage or expiration of coverage, I agree to immediately notify UW-L of this development and update the insurance information I have on file with the athletic trainers at the University of Wisconsin – La Crosse.

I understand and agree that UW-L will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at the University of Wisconsin – La Crosse.

(signature)

(date)

**THIS FORM MUST BE SIGNED AND RETURNED TO THE ATHLETIC TRAINING ROOM BY
AUGUST 1st**

Return to:
Head Athletic Trainer
University of Wisconsin – La Crosse
144 Mitchell Hall
La Crosse, WI 54601
FAX: 608-785-8674

**IN ADDITION, YOU MUST INCLUDE A COPY (FRONT AND BACK) OF YOUR CURRENT INSURANCE
CARD AND THE COMPLETED INSURANCE INFORMATION FORM**