

Jamestown^{C O L L E G E}

Athletic Training

Athletic Insurance Certificate

The Dakota College Athletic Conference (DAC) requires that all individuals must show proof that they are covered by a family or individual health and accident policy before they will be allowed to practice or participate in any sport.

PLEASE COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE ATHLETIC TRAINER AT JAMESTOWN COLLEGE.

Student's Last Name First Middle Initial

I certify that this student is covered by insurance carried with

Name of Insurance Company Policy Number Group Number

which provides for medical and hospital expenses resulting from accidental bodily injuries incurred while participating in, practicing for, and traveling to and from intercollegiate athletic contests. The address of the Insurance Company is

I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE AND OBLIGATED TO DEFRAY THAT PART OF ANY INJURY EXPENSE NOT COVERED BY MY INSURANCE.

I will maintain the above coverage during the current school year and will notify Jamestown College if the coverage terminates or does not meet the above requirements.

As parents or guardian of _____, I hereby give my consent for his/her practice and participation in intercollegiate athletic events. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medial or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Signature of Parent or Guardian

Address

Date

Telephone Number