

Returning Athlete Insurance Form

Please note

- Due to new NCAA regulations, all student-athletes must provide evidence of insurance that includes coverage for athletically-related injuries. This is required for practices and competition.
- Insurance coverage must have a limit of at least \$75,000 and cover athletically-related injuries.
- If under the age of 18, there must be a parent/guardian signature on this form.
- All student-athletes must sign this form.
- No student-athlete will be allowed to participate (practices or competition) without this form and the medical examination form on file in the athletic office.
- This form can be returned by mail to the address below or turned in to the athletic office.

Mail to: Baptist Bible College | Attn: Athletic Department | 538 Venard Road | Clarks Summit, PA 18411
If you have any questions, please call the Athletic Department at 570.585.9323.

Student Information

Please complete this questionnaire completely and accurately. As with all medical information, the confidentiality of your records will be maintained. This document will be kept in the Athletic Training department for medical purposes only.

Which intercollegiate sports are you considering playing? _____

Name _____
first middle last

Sex: male female Marital status: married single Birthdate _____

Year: fr so jr sr Dorm/Suite/Room _____ Box # _____ Dorm phone _____

Home Address _____

City/State/Zip _____

Home phone (_____) _____ Cell phone (_____) _____

Social Security Number _____ - _____ - _____ Email _____

Parent's/Guardian's Name _____

Student lives with: mother and father mother father other _____
mother father last name

Address (if different) _____

City/State/Zip _____

Home phone (if different) (_____) _____

Father's work phone (_____) _____ Mother's work phone (_____) _____

Father's cell phone (_____) _____ Mother's cell phone (_____) _____

In case of emergency—if parents are not available—notify _____

Relationship to student _____ Phone (_____) _____

Insurance Information

yes no Does your insurance policy require prior permission before the student can visit a doctor?

yes no Does your insurance policy cover athletic-related injuries?

We encourage you to check your insurance policy about "out-of-area" coverage for your student. Please make sure your student brings his/her insurance card and all necessary phone numbers and co-pay information.

Name of Insurance Company _____

Company address _____

City/State/Zip _____

Insurance telephone number (_____) _____

Policy number _____ Group number _____

Effective date of policy _____ Expiration date _____

Policy limit/total coverage _____ Policy deductible \$ _____

Policy co-pay: Doctor's visit \$ _____ Specialist \$ _____ ER \$ _____

Policy holder's name _____

Policy holder's address _____

City/State/Zip _____

Policy holder's work phone (_____) _____ Policy holder's home phone (_____) _____

Policy holder's relationship to student _____

Policy holder's employer _____

Policy holder's Social Security number _____ - _____ - _____

Primary care physician _____

Physician phone number (_____) _____

Student Release Agreement (All students and parent/guardians must sign this section)

I hereby authorize the Health Services and/or the Athletics Department of Baptist Bible College of Clarks Summit, Pennsylvania, or its representative, to grant permission for emergency surgery or medical treatment of an extraordinary nature, when the attending physician considers medical treatment necessary, and we cannot be reached for explicit permission for such treatment. Parent/Guardian signature is required of all unmarried students under 18 years of age.

We, the undersigned parent(s), guardian(s), and student agree do not agree to allow the student to participate in intercollegiate athletics and/or extracurricular activities at Baptist Bible College of Pennsylvania (BBC). The College is willing to permit the activity to be conducted on the condition of the execution of this instrument.

Therefore in consideration of BBC's authorization of the above activity, the undersigned parent(s) or guardian(s) and student agree that the student, in participating in such activity with or within the use of the facilities of BBC, does so at his/her own risk. Neither BBC nor any officer, employee, Board of Trustees member or agent of BBC shall be liable for any damages arising from personal injuries sustained by the student in the conduct of such activity. The parent(s) or guardian(s) and student acknowledge that participation in some athletic activities have inherent risks and the parent(s) or guardian(s) and student assume responsibility for any injuries.

All parties understand that the student must be covered by health insurance having at least \$75,000 coverage in order to live in BBC housing, or if participating in athletic and/or extracurricular activities. There is no additional coverage for injuries or liability beyond the limits stated in your family policy or student health policy. The undersigned acknowledge that they have had opportunity to make reasonable inquiry into the nature of the activity and have no further questions concerning the nature or conduct of the activity and with such full understanding, do hereby cause this instrument of release indemnity to be executed.

Student

Date

Parent/Guardian

Date

Parent/Guardian

Date