

**CONCORDIA UNIVERSITY ATHLETICS INSURANCE FORM**  
**YEARLY UPDATE 2010-2011**

PLEASE COMPLETE FULLY. DO NOT LEAVE ANY BLANK SPACES.  
NOTIFY US IMMEDIATELY IF ANY INFORMATION CHANGES.

**\*\*\*STUDENT INFORMATION\*\*\***

Name (Last, First) \_\_\_\_\_ Sport(s) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

*In case of emergency, please notify:*

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Allergic reaction to: \_\_\_\_\_  
Medications currently taken: \_\_\_\_\_  
Pre-existing Medical Conditions (include surgeries, injury, or illness within past year). \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*INSURANCE COMPANY INFORMATION\*\*\***

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Insurance Phone# : \_\_\_\_\_

***\*\*\*If it is an HMO, it is strongly suggested that you switch the Primary Care Physician to one located near the Irvine area while your son/daughter is enrolled at Concordia. The HMO requires Concordia to use the Primary Care doctor listed on your insurance card. This means that if that doctor is not located nearby then the only other option is the emergency room, which results in a wait of several hours for simple maladies such as a sore throat, x-rays, etc.\*\*\****

***\*\*\*It is very important that you notify the athletic trainer of any changes in your medical insurance status. Falsifying information or terminating your insurance coverage may result in player ineligibility. If you do not have insurance and a claim is submitted, you and/or your parents or guardian will be responsible for any fees incurred. All unpaid claims will be sent to a collection agency.\*\*\****

**\*\*\*POLICY HOLDER INFORMATION\*\*\***

Name of Policyholder (Last, First) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

**Please return this form with a copy of the student's insurance card  
(continued on reverse side)**

**ASSUMPTION OF RISK/VERIFICATION OF INSURANCE**

This is to verify that the above named insurance policy will apply to injuries and follow up care incurred as a result of athletic participation for Concordia University and that it will pay for medical charges incurred at any location where illness, injury or follow up treatment should occur. Concordia University athletic insurance covers only “accidental bodily injuries” occurring as a direct result of athletic participation. Concordia University’s insurance will not cover any charges due to re-injury of a previous medical condition.

In consideration of Concordia University permitting my son/daughter to try out for Concordia Athletics and to engage in all activities related to the team, including, but not limited to trying out, practicing or playing in that sport, I hereby assume all the risks of my son/daughter associated with participation and agree to hold Concordia University, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activities related to Concordia University athletics.

The terms hereof shall serve as a release and assumption of risk for my son’s/daughter’s heirs, estate, executor, administrator, assignees, and for all members of his/her family.

**I have read and understand the risks as detailed in this agreement.**

**Parent/Guardian signature is required for single students under the age of 25.**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN: \_\_\_\_\_

**Include a photocopy of your health insurance card, front and back.**

I am aware that playing/participating in any sport can be dangerous in nature involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing include, but are not limited to, death, serious neck and spinal injury, injury to all parts of my body, and other aspects of the systems of the body. I understand that the dangers and risks of playing may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participation, I recognize the importance of following coaches and medical staff instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of Concordia University permitting me to try out for the Concordia University athletic teams and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing in that sport, I hereby assume all the risks associated with participation and agree to hold Concordia University, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Concordia University athletic teams. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I hereby give consent for the release of medical records concerning previous health care to be shared between the Athletic Trainer and Health Center of Concordia University.

**I have read and understand the risks as detailed above for my participation in Concordia Athletics.**

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME OF STUDENT: \_\_\_\_\_