

**MARANATHA BAPTIST BIBLE COLLEGE**  
**ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS**

**Student** I, \_\_\_\_\_, attest that I have insurance coverage under  
(name, please print)  
a current, in force insurance policy for injuries that occur during my participation in  
intercollegiate athletics.

**Parent** I, \_\_\_\_\_, as parent or legal representative, attest that  
(name, please print)  
\_\_\_\_\_ has insurance coverage under a current, in force insurance policy  
(student athlete name)  
for injuries that occur while he/she is participating in intercollegiate athletics.

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

I understand and agree that Maranatha Baptist Bible College 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 Maranatha Baptist Bible College.

**Student** \_\_\_\_\_  
(signature) (date)

**Parent** \_\_\_\_\_  
(signature) (date)

**THIS FORM MUST BE SIGNED AND RETURNED TO THE ATHLETIC DEPARTMENT  
OF MARANATHA BAPTIST BIBLE COLLEGE BY AUGUST 14, 2006**

Return to:  
Maranatha Baptist Bible College  
Athletic Department  
745 W. Main Street  
Watertown, WI 53094

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

*(Turn Over to Complete Form)*

**MARANATHA BAPTIST BIBLE COLLEGE  
EMERGENCY CONTACT AND INSURANCE INFORMATION FORM**

***Personal Information***

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
SSN \_\_\_\_\_ Sport(s) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Academic Year (07-08): **Fr So Jr Sr**  
Cell Phone \_\_\_\_\_ Home Email \_\_\_\_\_

*(We need your local newspaper information to submit MBBC athletic articles that pertain to you in your hometown newspaper)*

Hometown Newspaper \_\_\_\_\_  
Newspaper Email Address \_\_\_\_\_

***Insurance Information***

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**The Acknowledgement of Insurance Requirements must be read and understood, and this form completed PRIOR to the student athlete participating in practice and /or competition.**

Policy Holder Name \_\_\_\_\_  
Relationship to Student Athlete \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Parent's Email \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_ Phone \_\_\_\_\_  
Group # \_\_\_\_\_ I.D. # \_\_\_\_\_  
Effective Date of Policy \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Primary Physician \_\_\_\_\_  
Office Telephone Number \_\_\_\_\_  
Policy Limit \_\_\_\_\_ Policy Deductible \_\_\_\_\_  
Policy Co-Insurance \_\_\_\_\_ Does the policy cover athletic-related injuries? **Y** or **N**

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**I have read and agree to comply with the provisions of the Acknowledgement of Insurance Requirements.**

\_\_\_\_\_  
(Parent/Guardian Signature and Date)

\_\_\_\_\_  
(Student Athlete Signature and Date)

**This form must be completed and returned by AUGUST 16, 2007**

**Return to:**  
**Maranatha Baptist Bible College**  
Athletic Department  
745 W. Main Street Watertown, WI 53094

**You should keep a copy of these documents for your records**