

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 18, 2008**

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 (08-09): **Fr So Jr Sr**
Cell Phone _____ Home Email _____
High School you graduated from: _____

Critical Allergies/Pertinent medical conditions and/or medications that we should be aware of in an emergency:

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

Hometown Newspaper & Email Address: _____

Insurance Information

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 _____
Dad's Name _____ Mom's Name _____ Parent's Email _____
Last Name: _____ Home Phone _____
Home Address _____ Work Phone _____
_____ Cell 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**

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 18, 2008

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Athletic Department
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