

Please Print

Athlete Information

Sport(s) _____

Name:

_____ Last Name First Name Middle Name

Campus Address:

_____ Street Address or Dorm Name & Room Number

_____ City State Zip Code

Cell Phone #:

Date of Birth:

____/____/____
Month Day Year

Parent/Guardian Information

Name:

_____ Last Name First Name Middle Name

Address:

_____ Street Address or Dorm Name & Room Number

_____ City State Zip Code

Phone #:

Medical Insurance Information

Name of Company	
Policy Number (if applicable)	
Group Number (if applicable)	
ID Number (if applicable)	
Policy Company Address	
Policy Phone Number	

Please provide front and back photocopy of card to accompany this form – **THANK YOU!**

The accident medical insurance we carry applies only to covered athletic injuries and is not a replacement for primary accident/health insurance. Our policy carries a deductible of **\$250.00**. This deductible will be reduced as payments are made by the primary insurance company. Once the primary insurance company has made payments equal to or greater than our deductible, our excess policy deductible will be satisfied. If other insurance is not available, *the deductible will be the responsibility of the student-athlete and parent or guardian*. Also, our policy does have certain limits and may not pay all charges in full.

I understand that I bear responsibility for the deductible and any balances not covered by MSOE's accident medical policy for any expenses related to athletic injuries. I further understand that this policy is excess over any other insurance that may apply to such injuries. I agree that if I have primary accident/health insurance plan, I will provide MSOE's with evidence of coverage and will notify the athletic department of any material changes in coverage during the academic year.

- Please check here if student-athlete has primary insurance and attach evidence of coverage (a front and back copy of the insurance card(s) is acceptable).
- Please check here if student-athlete does not have primary insurance.

Student-Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____