

Wheaton College

Athletic Treatment Center



Acknowledgement of Insurance Requirements

I, _____, as parent, guardian or legal representative, attest
(Name, please print)

that, _____ has insurance coverage under a current, in-
(Student-athlete name)

force insurance policy 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 Wheaton College of this development and update the insurance information I have on file with Wheaton College.

I understand and agree that Wheaton 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 Wheaton College.

(Signature)

(Date)

(Sport)

(Class)

(Name of Policy Holder—please print)

You must include a copy (front and back) of your current insurance card.

This form must be completed and received prior to the student-athletes first day of participation in any team activity.
Mail or fax completed forms to:

Gregory J. Steele
Head Athletic Trainer
Wheaton College
Department of Athletics
Norton, MA 02766
Phone: (508) 286-3986
Fax: (508) 286-5657