

**Concordia University, St. Paul
NCAA Insurance Acknowledgement Form
Parent/ Guardian**

I, _____, as a parent, guardian or legal
(name, please print)

representative, attest that _____ has insurance
(student-athlete name)

coverage under a current, in force insurance policy for injuries that occur while he/she is participating intercollegiate athletics.

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

I understand and agree that Concordia University 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 Concordia University.

(signature)

(date)

**THIS FORM MUST BE SIGNED AND RETURNED TO THE CONCORDIA
UNIVERSITY DEPARTMENT OF ATHLETICS BY AUGUST 1, 2007**

Return to:

Concordia University, St. Paul
Ted Trzynka, Head Athletic Trainer
275 Syndicate Ave N.
St. Paul, MN 55104

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