

**Concordia University, St. Paul**  
**NCAA Insurance Acknowledgement Form**  
**Student**

I, \_\_\_\_\_, attest that I have insurance coverage  
(student-athlete name, please print)

under a current, in force insurance policy for injuries that occur during my participation in 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.**