

Athletic Insurance Questionnaire
Parent/Student Information

Name _____ Date _____
(Last) (First) (Middle)

Address _____ Phone # _____

Sport _____ Date of Birth ____/____/____

Our athletic accident policy which provides insurance for your son or daughter for injuries occurring WHILE PARTICIPATING in play or practice of Intercollegiate Sports is "Excess" or "Secondary" to any other insurance benefits. This simply means that any claims for benefits must first be filed with your primary and/or secondary insurance companies that might cover you and your family. After they have paid all available benefits, our athletic insurance company will pay the remaining amounts up to one year from date of injury.

NOTE:

Most private or employer's group insurance allows dependent children covered in your policy to be continued until age 23 if the dependent is a full time student. DO NOT drop dependent coverage while your son or daughter is participating in intercollegiate athletics.

By utilizing both your and our medical coverage, most bills will be paid in full (up to \$100,000 aggregate) up to one year from the date of injury.

Our insurance policy covers only participation in Intercollegiate Athletics. (Supervised practices, scheduled contests during the season, and transportation to and from the away contests)

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED, AND RETURNED TO CLACKAMAS COMMUNITY COLLEGE ATHLETIC DEPARTMENT.

Name of your insurance company _____ Phone # _____

Address of Insurance Company _____

Insured's Name _____

Address of Insured _____

Policy # _____ Group # _____

Does this policy include dental and vision? Yes No

Does your insurance require....

A second opinion for surgery? Yes No

Pre-Authorization for services ? Yes No

Examination by a specific medical group? Yes No

Do you have a secondary policy? _____ If Who? _____

My son/daughter is NOT COVERED under any insurance policy (requires parental signature) _____

Student Signature

Parent Signature (required if under 18 OR not covered)