Western Nevada College

HEALTH INSURANCE CERTIFICATION

CERTIFYING THAT THE UNDERSIGNED STUDENT AT WESTERN NEVADA COLLEGE HAS ACCIDENT AND HEALTH INSURANCE COVERING THEIR PARTICIPATION AS A STUDENT-ATHLETE ON THE INTERCOLLEGIATE TEAM AT THE COLLEGE.

I, _____, hereby certify that I am aware that WNC and the college's athletic program **DOES NOT** provide for any athletic accident and health insurance for the students participating on the intercollegiate teams at the college.

Further, I certify that I (or my parent(s) or guardian(s)) have accident and health insurance that provides coverage for me as a participant in the athletic program at WNC.

Further, I certify that the following information is true and accurate:

NAME OF INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

POLICY IS IN THE NAME OF: _____

Sport(s): _____

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

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_____ Individual health insurance plan coverage varies by region and a student-athlete and their family should verify that their coverage is effective in Carson City, NV and when the student is traveling to and from an intercollegiate athletic event.

_____ I do not have insurance coverage. I understand that WNC DOES NOT CARRY insurance to cover injuries to students engaged in intercollegiate athletics. **Note:** WNC and the Intercollegiate Athletic Department recommends that the student-athlete obtain the medical insurance offered through the WNC Business office.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

RETURN TO: **Dianne Hilliard – WNC Athletic Compliance Officer**
Bristlecone Building, room 101
Western Nevada College
2201 West College Parkway
Carson City, NV 89703