

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.

Student Name: _____ SS or ID #: _____

Sport: _____

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: _____

Individual health insurance plan coverage varies by region and a student-athlete and his/her 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.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____
(required only if student is under the age of 18)

For Students Without Health Insurance Coverage

_____ 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 to WNC students – information is available on the WNC website.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____
(Required only if student is under the age of 18)

Please return this completed form to Admissions and Records.

7/12/10