

H E A L T H I N S U R A N C E

_____ Yes, my health insurance covers injuries occurring when I participate in athletic events.

Here is my insurance information:

Name of Insurance: _____

Primary Insured: _____

Group # (if applicable): _____

ID #: _____

Effective Date: _____

Address of Insurance Company: _____

Phone # for Insurance Company: _____

Effective date: _____ Expiration date: _____

_____ No, I do not have health insurance that covers injuries occurring when I participate in athletic events.

NOTE: You will not be allowed to practice, condition or engage in any intramural or intercollegiate activity without health insurance.

The information listed above is correct and complete. I understand that any falsification of the information will result in severe disciplinary actions, including permanent expulsion. Further, any falsification shall release Southwestern Assemblies of God University, its representatives, and agents from any and all liability related in any way with my participation in athletic programs.

I understand and agree to the above: Initial _____