



VITERBO UNIVERSITY ATHLETIC TRAINING  
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# INSURANCE COVERAGE VERIFICATION FORM

**\*\*REQUIRED OF ALL STUDENT ATHLETES EACH ACADEMIC YEAR\*\***

TYPE OR PRINT CLEARLY IN BLACK INK

## ACKNOWLEDGEMENT OF INSURANCE REQUIREMENT

I, \_\_\_\_\_, attest that I have health insurance coverage under a current, in force

(Student-Athlete)

insurance policy for injuries that occur during my participation in intercollegiate athletics. I have reviewed the policy and there are no exclusions for participation in athletics in regards to coverage. The policy has coverage limits of at least \$25,000.

If there is a material change in coverage or expiration of coverage, I understand it is my responsibility and I agree to notify Viterbo University of this development and update the information I have on file with Viterbo University. In the event of non-coverage, I agree to not participate in all team-related activities until coverage is sufficiently resumed and I have notified the University of my updated insurance status. I understand and agree that Viterbo University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at Viterbo University.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (also required if athlete under 18)

\_\_\_\_\_  
Date

This form must be signed and returned to Viterbo University Department of Athletics before the student-athlete will be allowed to participate in any team related activities, practices or games.

School Year: \_\_\_\_\_

Sport(s): \_\_\_\_\_