

SUFFOLK UNIVERSITY ATHLETICS

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

(Parent Version)

I, _____, as parent, guardian or legal representative, attest that
(name, please print)

_____ has insurance coverage under a current insurance
(student-athlete name)

policy for injuries that occur while he/she is participating in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify Suffolk University of this development and update the insurance information I have on file with Suffolk University.

(signature)

(date)

**THIS FORM MUST BE SIGNED AND RETURNED TO THE
SUFFOLK UNIVERSITY DEPARTMENT OF ATHLETICS
BY AUGUST 15,**

Return to:

Jeff Stone, Head Athletic Trainer
Suffolk University- Athletics
41 Temple Street
Boston, MA 02114

**YOU MUST INCLUDE A COPY (*front and back*) OF YOUR CURRENT
INSURANCE CARD AND THE COMPLETED EMERGENCY CONTACT AND
INSURANCE INFORMATION FORM.**

SUFFOLK UNIVERSITY ATHLETICS

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

(Student Version)

I, _____ attest that I have insurance coverage under a current
(student-athlete name)

in force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics.

If there is a material change in coverage or expiration of coverage, I agree to notify Suffolk University of this development and update the insurance information I have on file with Suffolk University.

(signature)

(date)

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