PARENTS AND STUDENTS please read carefully, sign, and return to:
Carleton College Athletic Department -- 1 North College Street -- Northfield, MN 55057

Any student athlete considering Division III sanctioned athletics must provide evidence of health insurance and the coverage must have a minimal limit of at least $90,000 to cover athletically-related injuries. This means your son or daughter will not be allowed to practice or compete until this form is signed by both a parent and the student athlete.

If you have questions regarding the terms of coverage, you should contact your insurer immediately. Be sure to ask if there are any exclusions in your policy regarding athletically-related injuries. Carleton will assume NO responsibility for the payment of medical expenses resulting from injuries that occur while participating in intercollegiate athletics or club sports.

If you need to purchase health insurance or have questions regarding the health insurance offered through Carleton, please go online to: http://www.cirstudenthealth.com/carleton. You may also call The Wellness Center at 507-222-4080 or Collegiate Insurance Resources at 800-322-9901.

For those of you considering club sport participation - please review your current health insurance policy to see if you are covered. If you require additional coverage you may purchase it through the College by completing the form at: http://www.cirstudenthealth.com/carleton.

Acknowledgement of Athletic Injury Insurance

I, ___________________________________________, as parent, guardian or legal representative, attest that

Parent/Guardian Name (please print)

_________________________________________

has a minimum of $90,000 insurance coverage under a

Student-Athlete Name (please print)

_________________________________________

current, 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 Carleton College of this development and update the insurance information I have on file with Carleton College.

I understand and agree that Carleton College will assume NO responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Carleton College.

I have read and agree to comply with the provisions of the acknowledgement of insurance requirements:

_________________________________________ /  ________________________________ /__________

Parent/Guardian Signature               Date            Student/Athlete Signature                     Date