



Mesabi Range College

Athletic Insurance Information Sheet

PLEASE RETURN TO ATHLETIC DEPARTMENT

The following information and authorization must be completed, signed, and returned before the athlete will be allowed to participate!

Athlete's Full Name _____ Sport _____
 Athlete's Social Security Number _____ Birthdate _____
 Home Address/City/State _____ Phone _____

PRIMARY INSURANCE:

Name of Insurance Company _____ ID Number _____
 Mailing Address for Claims _____
 Insurance Company Telephone Number _____
 Policy Holder: _____ Relationship _____ Social Security Number _____
 Home Address _____ Date of Birth _____
 Employer's Name _____ Employer's Address _____
 Home Telephone Number _____ Work Telephone Number _____
 Is your dependent son/daughter covered under the above policy? Yes No. Is this an HMO or PPO?
 Does your insurance require: a second opinion for surgery? Yes No Pre-authorization for service? Yes NO

SECONDARY INSURANCE:

Name of Insurance Company _____ ID Number _____
 Mailing Address for Claims _____
 Insurance Company Telephone Number _____
 Policy Holder: _____ Relationship _____ Social Security Number _____
 Home Address _____ Date of Birth _____
 Employer's Name _____ Employer's Address _____
 Home Telephone Number _____ Work Telephone Number _____
 Is your dependent son/daughter covered under the above policy? Yes No. Is this an HMO or PPO?
 Does your insurance require: a second opinion for surgery? Yes No Pre-authorization for service? Yes No

I HAVE NO INSURANCE:

Please submit a photocopy of your insurance card to accompany this form.

We must have copies of BOTH sides of the card.

You will not be allowed to participate without a copy of your card on file!

(Over)

Authorization, Agreement, Consent, Release and Indemnification

I hereby authorize Mesabi Range Community & Technical College to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays and/or any other data covering this and/or previous confinements and/or disabilities.

I understand the risks of injuries and losses that can occur as a result of participating in intercollegiate athletic activities and assume all such risks. I hereby allow The Mesabi Range CTC Athletic Medical Staff to administer whatever medical treatment and/or care deemed necessary for the health and well-being of myself. Furthermore, I consent to have administered to me any emergency medical or surgical treatment recommended by any licensed physician. In consideration of the student athlete being permitted to participate in Mesabi Range CTC Intercollegiate Athletic Program, I release and agree to indemnify and hold harmless Mesabi Range CTC, its Board, president, officers and employees against and from any and all claims, damages and expenses arising out of or resulting from such injuries, losses and medical treatment or care. A photo static copy of this authorization shall be deemed as effective and valid as the original.

Date: _____ Signature of Custodial Parent/Legal Guardian _____
(If athlete is under 18 years of age)

Date: _____ Signature of Student-Athlete _____

You may use the remainder of this page for the photo copies of the insurance card if you choose.