



**Central Washington University
Intercollegiate Athletics Accident Insurance Questionnaire**

Name _____ Phone _____
Date of Birth _____ Sport _____
SSN _____ Academic Year _____

The Acknowledgement of Insurance Requirements must be read and understood and this form completed PRIOR to the student-athlete participating in practice and/or competition

Parent/Guardian Name _____
Address _____
Home Phone _____ Work Phone _____

Policy Holder Name _____
Relationship to Student-Athlete _____
Work Phone _____ Home Phone _____
Policy Holder Address _____
City _____ State _____

Insurance Company Name: _____
Insurance Co. Address: _____
City _____ State _____
Insurance Co. Phone _____
Group # _____ I.D. # _____
Effective Date of Policy: _____ Expiration Date: _____

I have verified with my insurance company that my plan provides (please initial below):

- _____ Health insurance coverage in Kittitas, Yakima County and Washington State.
- _____ Out of state and/or out of area coverage, if I am injured at an away game or practice in another state.
- _____ Health insurance coverage for intercollegiate sports-related injury or illness.

_____ I understand that I cannot participate for any intercollegiate sport without acceptable health insurance coverage - there are NO exceptions! I will continue to maintain a health insurance plan for the duration of my participation in intercollegiate sports. I understand that it is my responsibility, and that of my parent and/or guardian, to immediately report discontinued coverage or any change in plans to CWU athletic trainers by completing a new Athletic Insurance Questionnaire and submitting a new insurance ID card.

I have read and agreed to comply with the provisions of the Acknowledgement of Insurance Requirements

Parent/Guardian Signature and Date
(Signature required if insurance holder)

Student-Athlete Signature and Date