

# CLUB SPORT PARTICIPANT INSURANCE & EMERGENCY INFORMATION

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ School Box #: \_\_\_\_\_  
Home phone#: \_\_\_\_\_ School Phone #: \_\_\_\_\_

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## IN CASE OF EMERGENCY NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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## INSURANCE INFORMATION:

Insurance Company: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy or ID#: \_\_\_\_\_ Group#: \_\_\_\_\_  
Holder of Policy: \_\_\_\_\_ Holder's SS#: \_\_\_\_\_  
Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_  
Special Instructions for Insurance: \_\_\_\_\_

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## INSURANCE COVERAGE FOR CLUB SPORT PARTICIPANTS:

Students may register for classes at Clark only if they have basic health insurance coverage. This requirement may be met by either electing to take the student health insurance plan offered by the University through Health Services, or by presenting evidence of coverage through a family plan or other private program.

In the event of a varsity or designated club sports related injury, the student's individual health insurance or the student is responsible for the first \$1,000 of medical charges. After the \$1,000 deductible has been reached, the University's Sports Accident Policy takes effect in excess of the student's primary insurance coverage. This policy will pay medical expenses incurred through participation in those varsity sports or designated club sports listed in the policy and not covered by an existing personal insurance policy, but only above the \$1,000 deductible and with a maximum limit of \$75,000.

### Please look into your individual health insurance to see what kind of coverage you have for sports injuries.

In the event that you suffer an injury incurred while participating in Clark Club Sports, you must report this incident immediately to the Office of Student Activities for documentation. Any injury that goes unreported may not be covered under Clark University Insurance.

This form must be filled out completely and accurately, signed and dated before an athlete can participate.  
I have read and understand the above information.

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## CLUB SPORT WAIVER:

I \_\_\_\_\_, understand that club sports are strictly voluntary. Any injury resulting from a club related activity is the responsibility of each individual. Therefore, Clark University, the Office of Student Leadership & Programming, and the particular club sport or individual club members will not accept any responsibility of any accidents or harm brought on by the activity in which I am participating.

_____ CLUB SPORT PARTICIPANT SIGNATURE	_____ DATE	<b>1<sup>st</sup> Year</b>
_____ CLUB SPORT PARTICIPANT SIGNATURE	_____ DATE	<b>2<sup>nd</sup> Year</b>
_____ CLUB SPORT PARTICIPANT SIGNATURE	_____ DATE	<b>3<sup>rd</sup> Year</b>
_____ CLUB SPORT PARTICIPANT SIGNATURE	_____ DATE	<b>4<sup>th</sup> Year</b>