

**North Georgia College and State University – Intercollegiate Athletics  
Confirmation of Primary Insurance 2008-2009**

1. All student-athletes are required to have private health/accident insurance that covers intercollegiate athletic injuries for a minimum of the academic year. **Any student-athlete that does not have or lets their health insurance policy lapse will be ineligible to participate in conditioning, practices, and/or competition with NGCSU athletic teams until health insurance is reinstated.** No student-athlete will be allowed to participate until verification of insurance is on file in the Athletic Training Room.
  
2. **If a student-athlete gets injured and during the billing process it is found out the student-athlete’s insurance has been dropped or there is no coverage for any reason, that student-athlete will be responsible for total payment of all medical expenses.**
  
3. If the student-athlete’s health insurance is out-of-area in Dahlonega or a guest form for coverage cannot be obtained, **the student-athlete is responsible for knowing how to obtain medical service when outside of the insured area (i.e. HMO’s, Kaiser Permanente).** It is important that the insured understand that in some instances follow-up medical treatment must be obtained in the coverage area. This may require the student-athlete to travel, at his or her own expense, to the proper coverage area for treatment.
  
4. In the case of an injury, the student-athlete, the hospital, or physician’s office will file the claim with the student-athletes insurance carrier. **It is ultimately the student-athlete’s/policy holder’s responsibility to make sure that all the medical expenses are resolved.**

I understand that if I drop my primary insurance coverage I will be financially responsible for any and all athletic injury claims and therefore release North Georgia College and State University of liability. I further agree that I may seek other medical consultation ONLY upon consultation with a staff Athletic Trainer or Team Physician.

Name \_\_\_\_\_ Sport \_\_\_\_\_ M \_\_\_ F \_\_\_  
(Print)

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Signature of Athlete	Date	Signature of Parent/Guardian	Date
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