Dear Parent of a Green Knight:

As a student at St. Norbert College, your son, daughter or guardian, is required to demonstrate proof of medical insurance before being admitted to the College. In addition, all SNC student-athletes must provide evidence of insurance that includes coverage for athletically-related injuries. This coverage must be for up to a minimum of $90,000. No student-athlete will be allowed to participate in any way until such evidence of current insurance is on file with the athletic department. This proof will be handled by your son, daughter, or guardian when completing the required sports medicine information and forms using SportsWare Online. Instructions for using SportsWare Online and completing these requirements can be found at www.snc.edu/athletics/sportsmedicine/forms.

St. Norbert College will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at St. Norbert College.

If you have questions regarding the terms of your coverage, you should contact your insurer immediately. Please be sure to note if there are any exclusions in your policy regarding athletically-related injuries.

Please complete the form and return it at your earliest convenience.

Best Regards,

Tim Bald
Director of Athletics

CC: Dr. Jeff Frick – Dean of the College & Academic VP
    Ms. Eileen Jahnke – VP of Business & Finance
ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

I, ________________________________, as parent, guardian or legal representative, Print Name

attest that ____________________________  __________________________
  Student-Athlete Name                  Sport

Has insurance coverage in-force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics. This policy must provide for up to $90,000 of coverage per athletic injury.

If there is a material change in coverage or expiration of coverage, I agree to notify St. Norbert College of this development and update the insurance information my son or daughter has on file with St. Norbert College.

By evidence of my signature below, I attest I have read the above Acknowledgement of Insurance Requirements, understand its contents and agree that St. Norbert 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 St. Norbert College.

____________________________________   __________________________
(signature)                               (date)

THIS FORM MUST BE SIGNED AND RETURNED PRIOR TO MY SON OR DAUGHTER REPORTING TO CAMPUS. THEY WILL NOT BE RELEASED TO PARTICIPATE IN THEIR SPORT UNTIL THIS SIGNED DOCUMENT IS RECEIVED.

RETURN THIS FORM VIA: EMAIL TO: jenny.decleene@snc.edu
FAX TO: 920-403-3128
MAIL TO: SNC ATHLETICS
          Attn: Jenny DeCleene
          100 Grant St.
          De Pere, WI  54115