

Merritt College Athletics

Verification of Primary Insurance

Name of Athlete _____ Student ID _____

Address _____ City/Zip _____

Phone _____ Sport _____ DOB _____

Do you have Medical Insurance? Yes No

Insurance coverage through: Parent Self Spouse Type coverage: Individual Employer

Type of Plan: PPO HMO Other

Name of policyholder (parent/self/spouse) _____

Employer's Name (if applicable) _____

Insurance Company Name _____

Customer/Member Services Phone _____

Member # _____ Policy/Group # (if applicable) _____

Name of Doctor: _____ Phone _____

Name of Clinic: _____ Phone _____

I hereby certify that the foregoing answers I have provided to the stated questions are true, complete and correct to the best of my knowledge.

I hereby authorize any insurance company, hospital, physician, or other person who has attended or examined the student-athlete to disclose, when requested to do so, all information with respect to injury, medical history, consultation and treatment. A copy of this authorization shall be considered as effective and valid as the original.

Signature of Athlete _____ Date _____

Signature Parent/Legal Guardian if under 18 _____ Date _____

**MERRITT COLLEGE
DEPARTMENT OF ATHLETICS**

MEDICAL INSURANCE LETTER FOR PARENTS AND ATHLETES

Dear Parents and Athletes:

The Peralta Community College District (PCCD) provides SECONDARY INSURANCE coverage for participants in intercollegiate athletics for those with primary insurance. SECONDARY INSURANCE means that, within the limits of our District policy, payment of medical expenses not paid for by any other valid and collectible insurance covering yourself or your son/daughter will be authorized. If any participating athlete or you desire coverage above and beyond what is provided by the PCCD policy, responsibility to arrange for a personal policy to provide extra coverage rests with these individuals.

If a student does not have insurance, the school's insurance will become primary and must see an Anthem Blue Cross provider. Student must turn in all medical bills and explanation of benefits from primary insurance.

An authorized Merritt College staff member will refer athletes who are injured and require medical aid or hospitalization. **Every injured athlete must receive authorization from his/her coach or Athletic Trainer prior to reporting to a medical facility for treatment. Athletes seeking medical assistance without authorization must assume full responsibility and liability for their medical treatment.**

No liability on the part of the college or PCCD exists or may be assumed to exist for any amount beyond the limits of any policy carried by PCCD. No liability on the part of PCCD or Merritt College exists or may be assumed to exist for off-campus medical or dental aid or hospitalization of any kind for athletic injuries without prior referral by an authorized staff member of Merritt College.

The Athletic Department at Merritt College requires each athlete to complete an insurance questionnaire. This form **must** be complete and on file prior to the athlete participating in any practice, scrimmage or contest. **FAILURE TO HAVE A FORM ON FILE WILL WAIVE ALL MEDICAL LIABILITY OF MERRITT COLLEGE AND THE PCCD.** Should you desire further specific information regarding any aspect of the District insurance policy, please contact the PCCD Office of Risk Management at (510) 466-7247.

Welcome to Merritt College and its intercollegiate athletics program! While we strive to provide a safe and healthful competitive environment for all participants, there is the risk of serious injury or death while participating in athletic activities. Consequently, all athletes and their parents, if the athlete is a minor, must sign an Acknowledgement of the Risks of Athletic Participation and Waiver and Hold Harmless Agreement. **FAILURE TO HAVE THIS DOCUMENT ON FILE WILL PROHIBIT ALL PARTICIPATION.**

Best regards,

The Athletic Staff at Merritt College