



The College of New Jersey

I, \_\_\_\_\_, as parent, guardian or legal representative, attest that  
(Parent/Guardian name, please print)

\_\_\_\_\_ has health insurance coverage under a current, in force insurance  
(Student-athlete name, please print)

policy for injuries that occur while he/she is participating in intercollegiate athletics.

**If there is a material change in coverage or expiration of coverage, I agree to notify The College of New Jersey Athletic Training Staff of this development and update the insurance information sheet I have on file with The College of New Jersey Athletic Training Room.**

I understand and agree that The College of New Jersey will assume no responsibility whatsoever for the payment of medical expenses (outside of the Excess Accidental Insurance coverage described below) resulting from injuries that occur while participating in intercollegiate athletics at The College of New Jersey.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

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**cut here and return top portion with Insurance Information Sheet**

The College of New Jersey provides Excess Accidental Insurance for injuries sustained during organized team practice and competition. Initial treatment and claim must be established within ninety days of the injury. Please forward **Explanation of Benefits and bills for the unpaid balance (Once your insurance has paid their portion) to:**

**Joe Camillone, ATC, Questions, please call 609-771- 2387**

**Athletic Department  
The College of New Jersey  
P.O. Box 7718  
Ewing, NJ 08628-0718**