



INSURANCE INFORMATION

- I understand that Ripon College does not assume liability nor does Ripon College provide insurance for injuries or conditions of any sporting activity.
- I understand that I must have an insurance policy that covers a **minimum of \$75,000.00 per injury or incident** prior to participation in any way in any intercollegiate sporting activity at Ripon College..
- **Please provide the following information and return to the Ripon College Athletic Department, 300 Seward Street, Ripon, WI 54971 prior to the start of your season.**

| | | | |
|-------------------------------------|------------------------|--------------------------------|----------|
| Last Name | First Name | Birth Date | |
| School Address | City | State | Zip code |
| Home Address | City | State | Zip code |
| Home Telephone | Cell or contact number | | |
| Policy Holder Last Name | First Name | Birth Date | |
| Name of Insurance Company | | Insurance Co. Telephone number | |
| Address of Insurance Company | | | |
| Policy Number | | Group Number | |
| Parent's/ Guardian's Employers Name | | Contact Telephone Number | |
| Employer's Address | City | State | Zip code |
| Allergies | Sport(s) | | |

This form must be signed by Parent/Guardian to prove this statement as true.
*I state that my child is insured for a **minimum of \$75,000.00 per injury or incident** and that **my personal insurance will cover injuries** sustained while playing intercollegiate athletics at Ripon College*

| | |
|---------------------------|------|
| Parent/Guardian signature | Date |
|---------------------------|------|