



ALVIN COMMUNITY COLLEGE

Student-Athlete Name _____

Sport _____

Acknowledgement of Insurance Requirements by Parent or Guardian

I, _____, as parent, guardian or legal representative, attest that _____ has insurance coverage under an active, valid insurance policy either under my parent, guardian, legal representative or an individual policy for injuries that occur during my participation in intercollegiate athletics at Alvin Community College.

If there is a material change in coverage or expiration of coverage, I agree to notify the Alvin Community College Department of Athletics of this development and update the insurance information I have on file with the Alvin Community College Department of Athletics.

Parent or Guardian Signature _____ Date _____

Notification of NO Insurance Coverage

I, _____, as parent, guardian or legal representative, attest that _____ has no insurance coverage in force, and agree to notify Alvin Community College Department of Athletics if a change occurs to update the insurance information I have on file with Alvin Community College.

Parent or Guardian Signature _____ Date _____

THIS FORM MUST BE SIGNED AND RETURNED TO THE ALVIN COMMUNITY COLLEGE ATHLETIC OFFICE PRIOR TO PARTICIPATION IN ANY SPORT.

Return to:

Alvin Community College
Athletic Office, G-133
3110 Mustang Road
Alvin, TX 77511

IN ADDITION YOU MUST INCLUDE A COPY (FRONT AND BACK) OF YOUR CURRENT INSURANCE CARD. YOU MUST ALSO FILL OUT AND TURN IN A NEW ATHLETIC INSURANCE INFORMATION FORM WHICH SHOULD BE TYPED.