

Student Name: Last, First, Middle \_\_\_\_\_

Sport: \_\_\_\_\_

Date(s) of Tryout: \_\_\_\_\_

Name of Primary Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signature of Coach: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE CHECK THAT YOU HAVE READ THE FOLLOWING STATEMENT**

I understand that I must have medical coverage which will provide coverage should I sustain an injury during this limited practice. I also understand that Polk State College student health insurance does not provide coverage for athletic injuries and that the Polk State College Athletic Department's medical insurance will not pay any costs associated with injuries sustained during an athletic tryout. I understand that I am solely responsible for any costs associated with any injury that may occur during this tryout and neither Polk State College nor its insurers will pay for any tryout related medical expenses.