

Eastern Arizona College
STUDENT ATHLETE INSURANCE INFORMATION FORM

Last Name _____	First Name _____
Sport _____	Date of Birth _____
Home Address _____	City, State, Zip _____
Cell Phone _____	Email Address _____
Emergency Contact Name _____	Emergency Contact Phone # _____
Medical Alerts (i.e. food and medicine allergies, diabetes etc.)	

Insurance Co. Name _____	Relationship to Student-Athlete _____
Policy Holder's Name _____	Employer _____
Policy Holder's Date of Birth _____	Employer City _____
Policy or ID # _____	Group or Plan # _____

Insurance Card Copy

FRONT

BACK

Eastern Arizona College
STUDENT ATHLETE INSURANCE ACKNOWLEDGEMENT FORM

According to the Graham County Community College District Policy 5340.00 student athletes are expected to maintain personal insurance in addition to coverage provided by the College.(1)

Name: _____ Sport: _____

- I acknowledge that the medical insurance coverage on the previous page is primary coverage and that the College's insurance coverage is secondary. I will be responsible for deductibles and copays.
- I also acknowledge the College's insurance will only issue payment for injuries sustained in association with officially sanctioned Athletic Events.
- I will process necessary claim documents with my insurance carrier within 30 days of receipt. If I fail to process the necessary forms within 30 days of receipt, I accept responsibility for full payment of athletic injury medical claims.
- I understand that I am responsible for providing primary medical insurance coverage for the abovementioned athlete while s/he is attending college and participating in athletics that will provide coverage in Graham County.

To sign, type your name into the text field below.

I understand that by checking this box constitutes a legal signature confirming that I acknowledge and agree with this form.

Student Athlete Signature

Date

Parent/Guardian Signature
(If student is under 18 years of age)

Date

5340.00 Eastern Arizona College shall maintain insurance to assist athletes with the cost of injuries sustained while participating in officially sanctioned athletic activities.

Athletes shall be expected to maintain personal insurance in addition to coverage provided by the College.

Payments for injuries sustained in association with officially sanctioned Athletic Events.

Payments for injuries in official Eastern Arizona College athletic events will be determined by the College President or personnel designated by the College President on the following basis:

1. Individual or family policy covering the athlete.
2. If injury amount is more than individual/family coverage, a secondary policy will be provided by Eastern Arizona College to assist with total costs.
3. Once coverage in items (1) and (2) are expired, the student athlete and/or his/her parents shall assume responsibility for the balance due

**Eastern Arizona College Athletic Department
Disclosure Form**

Please complete the following information:

The following information is confidential. An affirmative (yes) response will not necessarily disqualify you from participation or from receiving athletic aid.

Name: _____
(Please Print)

DOB: _____

1. Have you ever been **convicted** of felony charges or misdemeanor charges involving moral turpitude (the term moral turpitude refers to certain serious misdemeanors that would cause one to call into question a person's trustworthiness, honesty, etc.)? _____No_____Yes
2. Do you have any **pending** felony charges or misdemeanor charges involving moral turpitude (the term moral turpitude refers to certain serious misdemeanors that would cause one to call into question a person's trustworthiness, honesty, etc.)? _____No_____Yes

If yes to question 1 or 2, please explain:

Student's Signature: _____ Date: _____

Eastern Arizona College, in compliance with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and the Rehabilitation Act of 1973, does not discriminate on the basis of race, creed, color, national origin, disability, age or sex in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, educational services, programs, and activities.

Eastern Arizona College
STUDENT ATHLETE ASSUMPTIONS OF RISK FORM

I _____, freely choose to participate in the athletic program (henceforth referred to as the “Program”) at Eastern Arizona College. In consideration of my participation in this program, I agree as follows:

RISKS INVOLVED IN PROGRAM: Participation in all sports requires an acceptance of risk of injury, such as pre-season physical examinations, proper facilities maintenance, and instruction of correct sports technique; we attempt to provide a safe, competitive environment for all student athletes. In addition we have certified athletic trainers to assist you with injury prevention and treatment.

In spite of these efforts, injuries do occur. Athletic competition, by its very nature results in numerous uncontrollable situation where injuries cannot be avoided. As an athletic participant, there is always the possibility that you may sustain an injury. The injury may range from a minor one to one of great severity and which could result in deformity, paralysis, or even death.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that Eastern Arizona College is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of Eastern Arizona College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. Eastern Arizona College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the Graham County Community College District (GCCCD) and me. I release the GCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the GCCCD. I agree to pay all expenses relating thereto and release Eastern Arizona College from any liability for any actions. I have been advised that I am covered under a secondary athletic accident injury insurance policy for injuries sustained while participating in athletics at Eastern Arizona College. I understand that any outstanding debts incurred as a result of medical treatment for that injury is my sole responsibility.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend Eastern Arizona College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form of to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

To sign, type your name into the text field below.

I understand that by checking this box constitutes a legal signature confirming that I acknowledge and agree with this form.

Signature of Student (and Parent/Guardian if under 18)

Date

Print or Type Full Name

Eastern Arizona College
STUDENT ATHLETE FERPA/HIPPA CONFIDENTIALITY FORM

This form authorizes Eastern Arizona College to release certain personal information about you for educational purposes, including information that may be subject to the Family Education Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please read it carefully.

“Personal information” means specific information about you, including education records and personal health information, that Eastern Arizona College disclose: as a condition to permitting you to participate in college intercollegiate athletics; to benefit you in pursuing athletics beyond Eastern Arizona College; to address your health as you play college intercollegiate athletics; or to highlight the colleges’ intercollegiate athletics programs or your participation in them. It includes, as is appropriate to the specific use, your name, address, telephone number, date and place of birth, medical or health conditions, major field of study, participation in officially recognized activities and intercollegiate athletics, weight and height, dates of college attendance, degrees and awards, grade point average, email address, intercollegiate athletics in which you have participated and positions played, the name of your high school(s), the name of any other postsecondary institution you have attended, and your home town. The term also includes any photo, portrait, video clip, or other image of you created by any person for or on behalf Eastern Arizona Colleges, its colleges or any other educational institutions that you have attended.

By signing this form, I certify that:

1. I have read and understand the definition of “personal information” specified in this form.
2. I authorize the release of personal information for the purposes specified in this form except that listed here:

3. I authorize FULL DISCLOSURE of personal information concerning any athletic injury I may sustain while participating in intercollegiate athletics at a college.
4. I understand that some or all of the following persons may be told about my health conditions: coaches, media, parents, athletic directors, physicians, doctors’ staff, referral sources, and Eastern Arizona College insurance brokers or companies.
5. I authorize the use and disclosure of personal information for the following purposes:
 - In promotional literature or video presentations about college athletic programs;
 - In any Internet website maintained by or for the benefit of Eastern Arizona College;
 - To disseminate to the National Junior College Athletic Association concerning my participation in inter-collegiate athletics;
 - To include in any program or publication about an athletic event sponsored by Eastern Arizona College or by any other organization and in which Eastern Arizona College is participating;
 - To disseminate to other postsecondary institutions in connection with their recruitment activities;
 - To release to any newspaper, broadcasting entity, or any other media outlet;
 - To disseminate to any high school or other educational institution that I have attended.

I understand that I have the right not to consent to the release of my education records and to receive a copy of them on request. This consent shall remain in effect until revoked by me, in writing, and delivered to Eastern Arizona College. Any revocation will not affect disclosures that Eastern Arizona College made before receiving my revocation.

To sign, type your name into the text field below.

I understand that by checking this box constitutes a legal signature confirming that I acknowledge and agree with this form.

Signature of Student (and Parent/Guardian if under 18)

Date

Print or Type Full Name