

**SUNY Cobleskill Department of Sport and Exercise**  
**VERIFICATION OF HEALTH INSURANCE**

Student-Athlete Name: \_\_\_\_\_ Sport: \_\_\_\_\_

DOB: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ 800# \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact and Phone #: \_\_\_\_\_

**SUNY Cobleskill does not provide health / sports injury insurance for student-athletes. I understand that I will be responsible for all medical expenses incurred with participation in intercollegiate athletics at SUNY Cobleskill.**

**I have a health insurance policy that covers athletic related injuries.  
Please attach a copy of the insurance card (front and back) in the space below.**

<p style="font-size: 1.2em;"><b>Paste or Tape in This Space</b></p> <p style="font-size: 1.1em;">Copy of the Front and Back of the Insurance Card</p> <p style="font-size: 1.1em;">Do not use staples</p>
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\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent signature if under the age of 18**

\_\_\_\_\_  
**Date**