

**SUNY CANTON INTERCOLLEGIATE ATHLETICS  
STATEMENT OF INSURANCE AND WAIVER/RELEASE FORM**

NAME \_\_\_\_\_

SPORT \_\_\_\_\_

The State University of New York College of Technology at Canton policy regarding health and accident insurance coverage for students participating in intercollegiate athletics is as follows:

Students who wish to participate in intercollegiate athletic competition will be individually responsible for the damages and costs associated with accidents or injury resulting from their involvement in athletics. The College/Athletic Department ***does not*** provide basic insurance coverage for the costs associated with athletic injuries. The College/Athletic Department only provides catastrophic coverage for athletic injuries which fit the definition of catastrophic in nature – death, paralysis, loss of limb, sight or hearing. Common or basic type of injuries – broken bone, knee injury, sprains, concussions, etc. are not covered and are the responsibility of the student or student's parents. The College requires that all students who enroll at SUNY Canton provide written documentation that they are personally covered by health/accident insurance in one of the three ways listed below. One way a student can be covered is by purchasing the Student Accident and Health Insurance program offered by the College. This program does provide coverage for injury resulting from the practice and play of intercollegiate sports but only after a \$50.00 deductible is paid and only up to a maximum of \$2,000. For more information on this option contact the Health Center at 315-386-7333.

**The Athletic Department requires that you complete and sign this form to show proof of your insurance coverage and acknowledgment of risk and responsibility before participating in a varsity sport. Participation will not be allowed until this form is signed and on file with the Athletic Office.**

Please indicate below the type of health/accident insurance coverage you have to ensure that you are in compliance with the College/Athletic policy.

\_\_\_\_\_ **I have purchased and am covered by the Student Accident and Health Insurance program offered by SUNY Canton.**  
(If a student shows no other proof of health coverage, this option becomes mandatory and becomes part of a student's college bill.)

\_\_\_\_\_ **I am covered by my parent's health/accident insurance plan with:**  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_ **I am covered by my own personal health/accident insurance plan with:**  
Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Please attach documentation regarding any additional coverage and/or policy limitations such as HMO or Preferred Provider organizations concerning this student-athlete. Please take time to acquaint your son/daughter with their coverage and instructions in case they get hurt and need medical attention.

**\*\* IMPORTANT – MUST ATTACH COPY OF INSURANCE CARD TO THIS FORM \*\***

**Waiver & Release Authorization: We, student-athlete and parent/legal guardian do hereby agree to:**

1. Authorize emergency medical treatment that may become necessary while participating as a member of a SUNY Canton Athletic team. (Efforts will be made to contact the listed emergency contact person in the student's file prior to treatment.)
2. Guarantee the payment of all athletic related medical bills above and beyond any that might be covered by the general student health policy or personal coverage.
3. The release of any and all health information contained in the student-athlete's records maintained in the SUNY Canton Health Center or Athletic Office to responsible parties.
4. Report any and all injuries to the coach and athletic trainer and to follow through the procedures for documenting such injuries.
5. **ACKNOWLEDGE THAT PARTICIPATION IN SPORTS INVOLVES AN INHERENT AND ASSUMED RISK OF INJURY AND THAT THE STUDENT-ATHLETE AND PARENT ASSUME THE RESPONSIBILITY OF SUCH RISK.** While it will not eliminate those risks, it is the athlete's obligation to prepare physically for competition and to follow all safety rules including the proper use of protective equipment.

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**ADDITIONAL RELEASES AND ACKNOWLEDGEMENTS**

**Waiver & Release Authorization: We, the student-athlete and parent/legal guardian also hereby agree to:**

1. Understand that an athlete must adhere to National Association of Intercollegiate Athletics eligibility rules to participate in a sport at Canton. Hockey will adhere to National Junior College Athletic Association eligibility rules. Since enrollment in 12 or more credit hours is a requirement, an athlete shall notify the coach and Director of Athletics prior to the athlete's decision to drop a class or when lack of attendance deletes the athlete from any class.
2. Release of any/all academic records necessary to establish academic athletic eligibility.
3. Release and allow use of data graphic information, game/seasonal statistics, and photographs involving the athletes' participation in a sport for use by athletic recruiters, Canton Public Relations Office, Canton Sports Information, and news reports. Such information will also be included on the college's internet web page.
4. Acknowledge and understand that athletes must abide by all rules and regulations as specified by their coach, College Intercollegiate Athletic Department, Canton Student Code of Conduct, and other general school or sport policies.
5. Understand that it is an athlete's responsibility to maintain and return all school athletic equipment and clothing issued to them. Athletes who fail to return such items will be placed on the college's obligation list until the items are returned or monetary value of the items is paid to student account office.

**YES, WE THE UNDERSIGNED, HAVE READ, UNDERSTAND AND AGREE TO THE INFORMATION AND ITEMS LISTED ON PAGE 1 & 2 OF THIS FORM.**

<b>Print Name of Student-Athlete</b>	<b>Social Security No.</b>	<b>Sport</b>
<b>Signature of Student-Athlete</b>	<b>Date</b>	
<b>Signature of Parent / Legal Guardian</b>	<b>Date</b>	

**SUNY CANTON ATHLETICS IS NOT RESPONSIBLE TO STUDENTS WHO FORGE PARENT/LEGAL GUARDIAN SIGNATURES AND THOSE WHO DO MAY BE PERMANENTLY BARRED FOR ATHLETIC PARTICIPATION**

**YOU WILL NOT BE ALLOWED TO PARTICIPATE IN ANY ATHLETIC ACTIVITY UNTIL THIS FORM IS COMPLETED, SIGNED BY BOTH STUDENT AND PARENT AND ON FILE WITH THE ATHLETIC OFFICE.**

**\*\*\*\*\*IMPORTANT\*\*\*\*\*  
COMPLETED FORM IS IN EFFECT FOR EACH YEAR STUDENT-ATHLETE PARTICIPATES IN INTERCOLLEGIATE ATHLETICS**