

Bossier Parish Community College
Athletic Participant

Acknowledgement of Insurance Coverage

Dear Student and or Parent:

As a participant in athletic activities at Bossier Parish Community College, please read, sign and return this insurance acknowledgement letter in the enclosed envelope.

The College carries an insurance policy designed to be SECONDARY coverage for athletic activities at BPCC. Claims may not be submitted until all benefits from the primary insurance have been paid.

I understand the possibility that injuries may occur resulting in medical expenses as a result of practice or participation by _____ in _____. I also
student-athlete name sport

understand that my personal insurance _____, is
primary insurance company name

responsible for primary insurance coverage. I agree to process all claims with the company prior to filing with the secondary coverage provided by Bossier Parish Community College. To file the secondary coverage please submit the explanation of benefits from the primary insurance and itemized bills to the Assistant Director of Athletics. The ADA will file with BPCC's insurance carrier after receiving the explanation of benefits and paperwork filled out by the student-athlete.

Name of Primary Insurance Policy Holder

Place of Employment

*******If the athlete has no primary insurance coverage sign below:**

Signature of Parent/Guardian

Having read this information, I agree to take responsibility of any unpaid medical charges resulting from injury while participating in athletic activities at Bossier Parish Community College not covered by BPCC's athletic injury medical provider.

I authorize the coach of this organization to obtain medical help in the event of an emergency.

In case of an emergency contact: Name _____

Phone Number _____

Student's Signature

Date

Responsible Party's Signature

Date

Two (2) copies of the student-athlete's primary insurance card must be attached to this form