TO: UMaine Sport Club Members

Prior to participation in Sport Clubs, each sport clubs member is expected to demonstrate that he or she is currently covered by an insurance plan which will pay costs associated with any athletic or sports related injury. Please sign one of the following statements which indicate that you have the proper insurance coverage.

Student Name (please print): ____________________________ Sport Club: ___________

1) By signature below, I certify that I am covered by the University of Maine Student Health Insurance Plan for the 20___ year. I have _______ / have not ________, paid for the University of Maine Student Health Insurance Plan.

Student Signature: ___________________________ Date: ________________

2) By signature below, I certify that I am presently covered by a family insurance plan that specifically covers medical and related costs resulting from any and all athletic injuries from (mo./ year) __________ through (mo./ year) __________. Special notice must be made indicating age and marital status of each student as it pertains to a family insurance policy.

Insurance Company: ___________________________ Policy Number: ________________

Student Signature: ___________________________ Date of Birth: ______________ Date: ______________

Parent/Guardian Signature: ___________________________ Date: ______________

CAMPUS RECREATION AT THE UNIVERSITY OF MAINE, (ORONO) ASSUMES NO RESPONSIBILITY FOR THOSE MEDICAL COSTS FOR ATHLETIC OR SPORTS RELATED INJURIES THAT ARE NOT COVERED BY YOUR INSURANCE.

BE SURE TO COMPLETE BOTH SIDES OF THIS FORM FULLY