

SAMPLE MEMO TO PARENTS
(for institutions that do not provide accident medical coverage)

Date

TO: XYZ University Student-Athletes and Their Parents.

FROM: Mr. John Doe
Director of Athletics.

SUBJECT: Insurance for the Upcoming Academic Year.

Please note, all XYZ University student-athletes must provide evidence of insurance that includes coverage for athletically-related injuries. This is a pre-requisite for practice and competition. No student will be allowed to participate in any way until such evidence of current insurance coverage is on file with the XYZ University department of athletics. The enclosed Acknowledgement of Insurance Requirements form and an insurance card, or photocopy of both sides, must be on file before a student can participate.

Insurance coverage must have a limit of at least \$_____ and cover athletically-related injuries. If your insurance does not meet these requirements, XYZ University will review the individual circumstances to determine if the insurance meets the insurance coverage requirement.

XYZ University will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at XYZ University.

If you have questions regarding the terms of your coverage, you should contact your insurer immediately. Please be sure to note if there are any exclusions in your policy regarding athletically-related injuries.

The NCAA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a significant deductible. This coverage does not qualify as the basic coverage required for participation in athletics at XYZ University. It is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA's web-site at www.ncaa.org.

If you have any questions regarding this requirement, please contact me at 111/111-1111.