

***** This form should be kept on file by club officers and brought to every practice and competition *****

MEDICAL INSURANCE VERIFICATION

_____, a member of the University at Buffalo approved
(name of participant)

_____, Sport Club Team has a
(team name)

Medical Insurance Policy with:

Company Name _____

State _____

Policy # _____

Group # _____

Expiration Date _____

Medical insurance is not provided for the Sport Clubs Program participants of the University at Buffalo. Such voluntary participants must secure this protection prior to sport clubs participation.

Participant's Signature _____ Date _____