

Lamar University Intramural Sports
Information Sheet

6 on 6 Volleyball

Fall 2009

- Registration Deadline:** **Entries Due: October 2nd by 8:00 p.m. or a team may not be eligible to participate.**
Turn entry packet into the recreational center information desk.
- Rules Meeting:** October 9th @ 12:30 p.m. in McDonald Gym #117. **Attendance of a team member at this meeting is MANDATORY!**
- * If a team member does not attend, the following penalties will be imposed.
Team sport - Charge a \$10 fee and loss of first game. However, team rep. must still come in and talk with someone about the rules and policies. All of these must be completed before a team can begin play.
- If someone cannot attend meeting, notify Intramural Sports no later than one week before meeting.
- Play:** October 12th – October 29th
- Cost:** \$25.00 per team (non-refundable entry fee) payable at Cashier's Window in the Wimberly Building. *Turn in receipt to the recreational center information desk by the date of the meeting.*
- *All Sports - Once an All Sports team pays the \$50.00 entry fee, that fee allows their team to play all the sports for one semester without paying extra entry fees as long as the captain, whose name the team is registered under, is the same person.
- * If a team forfeits a game, the team must pay a forfeit fee of \$10.00 during business hours before the next scheduled game to still be eligible to play. Two forfeits will automatically eliminate team/participant from further play.
- Leagues:** Men's Independent and Greek
Women's Independent and Greek
Co-Rec Independent and Greek
- Entry Roster:** *All participants and team members must be listed by name, Lamar Student ID number and which campus they attend or are employed for.
*Teams are allowed to have a maximum of 12 players.
*All-Sports teams will only be allowed to sign up players for this event from their All-Sports Roster.
*** The deadline for final roster changes is 24hrs after first game Roster total = 12**
- Eligibility:** * All official, registered students for Fall 2009 & OPT students.
* Faculty and staff who have paid their Rec Sports fee.
* Everyone must provide either a Cardinal One Card or VALIDATED Lamar Institute of Technology ID before each game or you will not be allowed to participate.
***All participants** must read and sign a team/participant liability release form and a liability coverage form. Both forms must be returned with proof of insurance, for each participant, to the Intramural Sports Office by the entry deadline. Participants **will not be eligible** until they have turned in all the above information.
- Not Eligible:** * Collegiate Athletes for a particular sport will have to wait for one or two years depending on level of play. (For more information, see the Rec Sports Handbook section III A & B, pg. 5).
*Professional Athletes (Anyone who received pay for playing a sport) are not allowed. (For more information, see the Rec Sports Handbook section III C, pg. 5).
- Schedules:** Will be available at the captain's meeting.
- Questions:** Call us at 880-8331, email us at intramurals@lamar.edu or visit our website at <http://dept.lamar.edu/recsports/Intramurals.asp>.

Intramural Sports Team Captain's Responsibilities

***** PLEASE READ!!!! *****

Team Captain Responsibilities include:

- 1) Organize teams and enter them into competition before the deadline dates.
- 2) Encourage participation in all intramural activities.
- 3) Check eligibility of all players.
- 4) Notify teams and players of date, time, and place of scheduled events. Remember, two (2) minutes past game time is forfeit time!
- 5) See that a team or an organization never forfeits a game (remember that two [2] forfeits exclude a team from further play).
- 6) Attend all scheduled meetings by either you or a team representative; be held accountable for all information and sport rules discussed at these meetings.
- 7) Stop by the Intramural Office on a weekly basis to pick up, post and distribute necessary information. Also, check out our website for the same information at <http://dept.lamar.edu/recsports>
- 8) Keep your name, home address, email address and telephone number current with the intramural office.
- 9) Accept responsibility for the conduct of team members and spectators before, during and after all intramural programs.
- 10) Evaluate the programs and officials when requested.
- 11) All-Sports Teams are only allowed to sign up four (4) players at the most in individual sports such as tennis, racquetball, poker*etc. This also includes doubles.

* In order to be part of the All-Sports Competition, an organization must compete in the first sport of each semester and in a minimum 60% of the sports offered each semester. For example, If Intramurals is offering 10 sports in both semester then an organization must compete in six sports each semester.

* Each All Sports team must nominate someone to be on the All-Sports Committee (ASC) and that person appointed must attend all scheduled ASC meetings.

12) Provide water or other non-alcoholic drinks for your teams. Rec Sports will not provide water for teams, only for officials or players in need during emergencies.

13) Clean up your team's trash from the field and sideline areas during and after the game. This includes the spectator's areas. This will affect your team's sportsmanship grade.

14) Make sure that all participants from your team read, sign, and return the liability waiver and proof of insurance coverage forms and each player's proof of insurance back to the Rec Sports office by the entry form deadline. This also applies to participants for individual sports.

League _____ Day _____ Time _____

Lamar University Recreational Sports **Intramural Team Entry Roster**

Sport: _____ Team Name: _____

Division:
(Please Circle)

MEN
All-Sports / Independent

WOMEN
All-Sports / Independent

CO-REC

*Please **PRINT** legibly!!!!*

<u>LAST NAME, FIRST NAME</u>	<u>CAMPUS</u> (Please Circle)	<u>CLASSIFICATION</u>	<u>LAMAR ID #</u>	<u>SHIRT SIZE</u>
1. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
2. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
3. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
4. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
5. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
6. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
7. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
8. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
9. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
10. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
11. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____
12. _____,	<u>BMT / LIT,</u>	<u>STU/FAC/STAFF</u>	_____	_____

As team captain of the above-mentioned team, I have been provided the IM policies; I understand them, I have disseminated the information to my team members and agree to abide by them. I understand that I will be fully responsible for the eligibility and the conduct of the team members. I agree to arrange a meeting with the Intramural Coordinator and the Director of Recreational Sports in case of ejections. I have informed each player of the inherent risk involved in participation. Each player should check their personal/family health insurance policy for coverage as Lamar University and Recreational Sports does not provide insurance of any kind covering injuries and the like on or off the field or in transit to the field. I have disseminated the aforementioned information to all team members.

Please PRINT legibly!!!!

Captain's Name _____

Phone _____

Address _____

Email _____

Assistant Captain _____

Phone _____

Address _____

Email _____

Captain's Signature _____ Date _____

Staff Use Only: <i>This form is not to be removed from the Rec Sports Office.</i>
Date _____ Fees \$ _____
Receipt# _____ Staff Initial _____

LAMAR UNIVERSITY INTRAMURAL SPORTS

Assumption of Risk and Release of Liability

Team Sports

Assumption of Risk ~ In consideration for being allowed to play in an intramural sport at Lamar University, I agree to assume all risks involved in participating in the sport and/or traveling to or from participation sites for the sport. I know that the supervision of the Lamar University staff is not being provided for participating in this sport and I leave myself open to injuries such as: temporary or permanent muscle soreness, sprains, strains, abrasions, bruises, cuts, ligament or cartilage damage, head, neck or spinal injuries, loss of use of arms and legs, eye damage, disfigurement or possible even death. There are also other risks of injury or death that may not be mentioned above.

Release of Liability ~ I release Lamar University, the Board of Regents of the Texas State University System, their respective regents, officers or employees (hereafter referred to as releasees) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury including death that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while traveling to or from, in on, or upon the premises where the activity is being conducted. Participation includes traveling to or from games, meets, tournaments or practices; training for participation in the sport; being coached in the sport by paid or volunteer coaches; and using equipment for the sport.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this is a contract between me and the university and I sign it of my own free will.

This document will be considered effective from this date forward.

NOTE: We strongly encourage you to consult with a doctor before playing in any of our sports. This is to see if there are any conditions that may affect your participation. If you have any pre-existing conditions please wear a medical alert bracelet or neck tag showing the appropriate medical information. Also, it is recommended that all participants have some type of medical insurance that will cover injuries or illness that may take place due to playing any intramural sports.

If you have any questions regarding the language or details of this document prior to signing, please contact
The Recreational Sports Office at 409-880-2306

Sport

Team Name

Signature (Team Captain)

Date

Printed Name: _____

Signature of Witness: _____

Parent or Legal Guardian (if participant is under 18): _____

LAMAR UNIVERSITY INTRAMURAL SPORTS

Assumption of Risk and Release of Liability

Team Sports

By signing below, I agree to the information stated on page one of the "Assumption of Risk and Release of Liability".

I further agree as a participant in Lamar Intramural Sports, that photographs, pictures and videos may be taken or made by the Intramural Sports Department. I understand that this will be in connection with the participant's involvement in the event, or a reproduction of the same, as well as the participant's name, may in any manner be used by the Intramural Sports department for brochures, documents and on their website.

I HAVE READ AND UNDERSTAND THE FOREGOING AND SIGN IT VOLUNTARILY

Signature

Printed Name

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No.: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No.: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18) _____ Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

**2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

**2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No.: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No.: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

**2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

**2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

**2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

**2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

**2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No: _____ Group Name: _____

Insured's Name on Policy: _____ Self: _____ Spouse: _____ Parents: _____

Insured's/Member ID No.: _____ Policy/Group No: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100
2009-2010

**LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No: _____ Group Name: _____

Insured's Name on Policy: _____ Self:___ Spouse:___ Parents:___

Insured's/Member ID No.: _____ Policy/Group No: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18)

Date

Please return this completed form to:

Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100

**2009-2010
LAMAR UNIVERSITY – Recreation Sports
REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

Proof of Coverage must accompany this waiver. Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: _____

Student ID No.: _____ Social Security No.: _____
(If Student ID No. is unknown)

Phone Number of Student: _____ Email Address: _____

Address of Student: _____

Current Insurance Company: _____

Insurance Company Address: _____

Insurance Company Phone No.: _____ Group Name: _____

Insured's Name on Policy: _____ Self: ___ Spouse: ___ Parents: ___

Insured's/Member ID No.: _____ Policy/Group No.: _____

Effective Date: _____ Termination Date: _____

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

(Signature of Student or Parent if Student is under age 18) _____
Date

Please return this completed form to:

**Academic HealthPlans
P.O. Box 1605
Colleyville, Texas 76034-1605
(817) 479-2100**