



Overview of Athletic Training Services and Medical Insurance Policies

ATHLETIC TRAINING SERVICES AT CCCB

The Central Christian College of the Bible Athletic Department has an agreement with Peak Sport and Spine in Moberly to provide for all athletic training services for our student-athletes. Each athletic team is supervised by one of Peak Sport and Spine's certified athletics trainers and works closely with our coaches to assure that each athlete receives the best experience and in the safest environment at CCCB.

A certified athletic trainer from Peak Sport and Spine training will be in attendance at all CCCB intercollegiate athletic events. The training staff is on call at all other times during business hours through the athletic calendar. A certified athletic trainer does not travel with CCCB teams to competitions.

ATHLETIC MEDICAL INSURANCE

It is the policy of the Central Christian College of the Bible Athletic Department that all student-athletes be covered by a major medical health and accident insurance policy prior to participation in practices, games/competitions, and/or strength and conditioning activities. The student-athlete's insurance must cover athletic related injuries and/or illnesses, and shall be considered the primary insurance coverage for all athletic related injuries.

CCCB provides a **SECONDARY ATHLETIC INJURY POLICY** and **CATASTROPHIC INSURANCE POLICY** for all student-athlete who participate in CCCB intercollegiate athletics. These policies, however, are secondary to, or in excess of, personal family medical insurance coverage, and cover only injuries/illnesses/accidents that occur while a student-athlete is representing CCCB in a formal intercollegiate activity supervised by a coach.

Secondary or excess insurance takes effect only after parents or guardians' primary insurance plans have paid their limit on each claim or injury. Student-athletes should report injuries immediately, or as soon as possible, to the Head Coach. Head coaches are responsible to report the injury to the Director of Athletics, who will coordinate insurance claims process for the student-athlete through the appropriate insurance claim form. All claims must be submitted within 90 days to ensure coverage.

INSURANCE INFORMATION

_____		_____
Policy Holder's Name (Name on Insurance Card)		Policy Holder's Date of Birth:
_____	_____	_____
Relationship to Student Athlete	Insurance Company Name	Policy/ID #

IF YOU HAVE NO INSURANCE COVERAGE

I have no medical coverage, either on my own or through my parents.

_____	_____	_____
Date	Signature of Student-Athlete	Signature of Parent / Guardian (if under age 18)