

**TO: Parents/Guardians of Student Athletes attending Yuba College**  
**FROM: Erick Burns, Athletic Director**  
**SUBJECT: Athletic Medical Insurance**

We are excited about having your son/daughter participate as a student-athlete at Yuba College. We hope that he/she finds their total experience at Yuba College rewarding.

Yuba College has two certified athletic trainers on site to see to your son's/daughter's medical needs. We will do everything possible to keep your daughter/son free from athletic injuries while competing here, however, total elimination of injuries is virtually impossible.

With this in mind, Yuba College has acquired an excess medical insurance program for your son's/daughter's protection in the event of accident-based injuries sustained while participating in supervised practice or scheduled competition. This will guarantee that all athletes will have some protection in the event that they are not currently insured in the parent's/guardian's medical insurance program. This policy is with River Valley/Stirnman Insurance Agency of Marysville, California and is underwritten by the North Atlantic Life Insurance Company in which claims will be administered by Health Special Risk, Accident Underwriters, Inc. A brochure is available upon request for your review. Again, please note that this policy covers those accident-based injuries sustained during Yuba College supervised practices or scheduled games.

Again, please note this program is EXCESS over any other valid insurance program in effect for the athlete at the time of the accidental injury. The coverage WILL NOT pay 100% in most cases, therefore, the athlete and his/her parent or guardian will be responsible for any unpaid balances not covered by the insurance program.

If you have any questions concerning this insurance program, please call Benton Stirnman at River Valley/Stirnman Insurance, 311 Fifth Street, Marysville, California, 530-742-8234 or contact the Yuba College Certified Athletic Trainers, Corey Miller or Greg Lopin at 530-741-6837.

**I/We have read and understand the above information regarding student-athlete medical coverage here at Yuba Community College.**

**Student-Athlete signature: \_\_\_\_\_ Date: \_\_\_\_\_.**

**Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_.**  
(if under 18 years old)

USE INK ONLY