



2014 PDL Insurance Acknowledgement Form

Complete ALL sections of this Insurance Acknowledgment Form. Team Representative, Player and USL Registrar must sign and date at the bottom. Form is not valid without signatures. Player will be made Eligible upon USL approval.

Team Name

Player Name

Last Name

First Name

Middle Initial

INSURANCE INFORMATION:

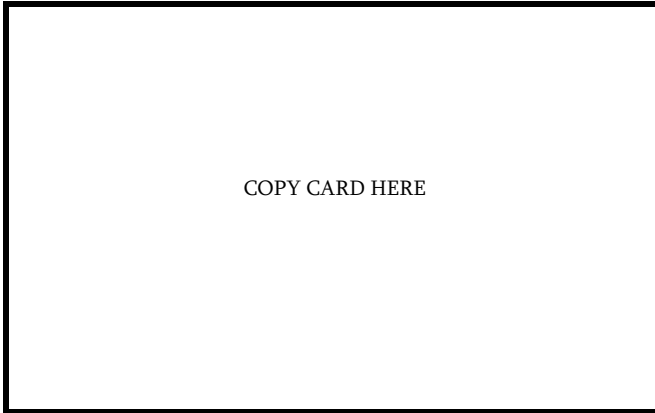
Yes, Player **HAS** Personal Health Insurance

Player currently has personal health insurance. Player is aware that the insurance offered by the USL PDL team and United Soccer Leagues will act as secondary insurance.

(Insurance Provider)

OR

(Policy #)



COPY CARD HERE

No, Player **DOES NOT HAVE** Personal Health Insurance

Player does not currently have any personal health insurance. Player is aware that the insurance offered by the USL PDL team and United Soccer Leagues is secondary insurance and may not provide full coverage for any injuries received while competing for said team.

A player is not eligible to play until this Insurance Acknowledgement Form has been signed by the USL Registrar, and all Registration documentation and payment have been received by the USL Office.

Team Representative:

Signature

Date

Player:

Signature

Date

USL Registrar:

Signature

Date

