



Athlete Insurance & Emergency Information 2011-2012

Athlete:

Name: _____ Local Phone: _____ Sport: _____
Campus Address: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Age: _____ Date of Birth: _____ Student ID #: _____

Parents or Legal Guardian (Emergency Contact)

Mother's Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Workplace: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

Father's Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Workplace: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

Insurance:

Please provide a copy of the front and back of the student-athlete's insurance card.

Insurance Company _____
Policy Holder _____
Policy Number _____ Group Number _____
Insurance Company Phone _____
Claims Address _____
City _____ State: _____ Zip Code: _____

HMO Coverage? _____ Yes _____ No
Name of Physician _____ Phone _____

PPO Coverage? _____ Yes _____ No
Name of Physician _____ Phone _____