



Emergency Contact and Insurance Information Form

Name: _____

Date of Birth: _____ SSN: _____

Sport(s): _____ Academic Year: 20__ - 20__

The *Acknowledgement of Insurance Requirements* must be read and understood and this form completed PRIOR to the student-athlete participating in practice and/or competition.

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Insurance Policy Holder Name: _____

Relationship to Student-Athlete: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Insurance Company Address: _____

Group Number: _____ I.D. Number _____

Effective Date of Policy: _____ Expiration Date: _____

Primary Physician: _____

Office Number _____ Policy Limit: _____

Policy Deductible: _____ Policy Co-Pay: _____

Does the policy cover athletically-related injuries? _____

Department of Athletics



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I have read and agree to comply with the provisions of the *Acknowledgement of Insurance Requirements*.

Parent/Guardian Signature _____ Date _____

Student-Athlete Signature _____ Date _____

This form must be completed and returned. You should keep a copy of these documents for your records.