

Student-Athlete Insurance Information

Student-Athlete Information - (Supply Information, if applicable)

Student-Athlete Name:

Sport: _____

Daytime/Cell Phone: _____

Social Security Number: _____

Birthdate: _____

Father's Name:

Address: _____

City, State, Zip _____

Home Phone: _____

Social Security Number: _____

Name of Employer _____

City, State, Zip _____

Work Phone: _____

Mother's Name:

Address: _____

City, State, Zip _____

Home Phone: _____

Social Security Number: _____

Name of Employer _____

City, State, Zip _____

Work Phone: _____

Who's insurance are you covered by?

Own

Father's

Mother's

None

Insurance Company Name: _____

Mailing Address: _____

City, State, Zip _____

Phone: _____

Policy/ID Number: _____

If you have two or more insurance coverages please list them all on back of this page.

**** Parent/s: If you have medical insurance and your son/daughter is not covered or is only partially covered due to policy limitations, please explain.**

We have no insurance:

Student-Athlete Name: _____

Parent/Guardian Signature

I agree that all information in this document is accurate and complete to the best of my knowledge. I understand that any incorrect or undisclosed information can result in duplicate payments creating a substantial overpayment. The responsibility of such overpayment will be the obligation of the undersigned to reimburse in full, upon request, all amounts deemed refundable.

Student-Athlete Signature

Date: _____

Parent/Guardian Signature

Date: _____

(If student-athlete is under 18):