

Athlete Name _____ Sport _____



Athletic Training Room

Emergency Contact:

Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____
Phone Number (_____) _____

In case your Parent/ Guardian cannot be contacted:

Notify _____ Phone Number (_____) _____

Athlete Information:

Birth Date _____ Social Security # _____
Local Address (or Dorm/Room #) _____
City _____ State _____ Zip _____
Cell Phone or other Number (_____) _____

Medical Doctor Information

Local M.D. Name _____ Phone Number (_____) _____
Office Address _____ Fax Number (_____) _____

Medical Insurance:

Primary Insurance Company _____
Address _____
Phone Number (_____) _____
Policy Number _____ and/or Group Number _____

Who does this policy belong to (circle one)? MOM/DAD SELF

*If you circled "MOM/DAD" complete the following:

Parent's Name _____ Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Employer's Phone Number (_____) _____

(COPY OF CARD ON BACKSIDE)