

LEWIS UNIVERSITY

Club Sports

MEDICAL INSURANCE VERIFICATION

This form is to be completed by **September 15th** to the Director of Student Recreation, Fitness and Wellness. If teams practice before this date, this form must be turned in before the first practice.

This form should be kept on file by club officers and brought to every practice and competition

Athlete's Name: _____ DOB: ____/____/____
(Last) (First) (Middle)

PeopleSoft #: _____ SS#: _____ Sport: _____

Campus Address: _____

City: _____ State: _____ Campus Phone Number: _____

EMERGENCY CONTACT INFORMATION

In an emergency, contact:

(Last) (First) (Phone) (Relationship)

Parent(s) Name: _____

Address: _____ City, State, Zip: _____

Evening/Weekend Phone: _____ Day Time Phone: _____

We/I have no insurance (must have insurance to participate)

Primary Insurance

Policy Holder: _____

Insurance Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number of Insurance Plan: (_____) _____ Extension: _____

Plan Name or Number: _____

Policy Name or Number: _____

Employee ID Number: _____

Type of Insurance: HMO PPO Other: _____

Expiration Date: _____

Do you need to see a Primary Physician First? YES NO If so, who? _____

Physician's Phone Number: (_____) _____

Signature of Policy Holder: _____ Date: ____/____/____

Signature of Student: _____ Date: ____/____/____

Signature of Parent (if under 18): _____ Date: ____/____/____