

# Lewis University Club Sports Medical Insurance Verification

**\*\*This form should be kept on file by team officers and brought to every practice and competition.\*\***

## Student Contact Information:

Name: \_\_\_\_\_ Club Sport: \_\_\_\_\_

Class:      Freshman              Sophomore              Junior              Senior

Home Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Are you covered by a personal medical insurance plan?     Yes     No  
If no, then you are not eligible to participate in CLUB SPORTS.

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Primary Insurance

Policy Holder: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number of Insurance Plan: \_\_\_\_\_

Plan Name and Number \_\_\_\_\_

Policy name and Number \_\_\_\_\_

Employee ID Number \_\_\_\_\_ Type of Insurance: HMO    PPO    Other

Physician Phone Number: \_\_\_\_\_

Signature of Policy Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_