

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: First Year Sophomore Junior Senior Graduate

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 not, then you are not eligible to participate in CLUB SPORTS.

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: _____