



2015-16 ACADEMIC YEAR

PERSONAL/FAMILY INSURANCE INFORMATION

Student-Athlete Name: _____
 (Last, First, Middle) (Nickname)

Sport: Men's _____ Women's _____

Date of Birth: Month Day Year Age

Student G Number _____

PERMANENT ADDRESS	HEALTH INSURANCE
Street:	Company:
City:	ID # / Policy #:
State: Zip:	Group #:
Home Phone:	Policy Holder:
Cell Phone:	Policy Holder Date of Birth:
	Insurance Company Address:
	City: State: Zip Code:
	Insurance Company Phone:

FATHER'S NAME & ADDRESS	MOTHER'S NAME & ADDRESS
Name:	Name:
Address (if different):	Address (if different):
City:	City:
State: Zip:	State: Zip:
Cell Phone:	Cell Phone:
Work / Home Phone:	Work / Home Phone:

LEGAL GUARDIAN (Complete only if applicable)	EMERGENCY CONTACT NAME & PHONE (Other than parent or guardian listed above)
Name:	Name:
Street:	Relationship:
City: State: Zip:	Cell Phone:
Cell Phone:	Work / Home Phone:
Work / Home Phone:	

I CERTIFY THAT (CHECK ONE) ***I DO*** ***I DO NOT*** HAVE HEALTH INSURANCE COVERAGE.

Signature of Student-Athlete (PARENT MUST SIGN IF A MINOR)

Date