

INSURANCE FORM

EQUIPMENT WILL NOT BE ISSUED UNTIL THIS FORM IS COMPLETED AND HAND DELIVERED OR MAILED TO THE ATHLETIC OFFICE.

Name _____ Date of Birth _____ Sport(s) _____

College Address _____ Phone () _____

Home Address _____ Phone () _____

Father/Guardian _____ Mother/Guardian _____

Address _____ Address _____

Employer _____ Employer _____

Medical Insurance Company _____
Medical Insurance Company _____

Phone () _____ Phone () _____

Policy Number _____ Policy Number _____

Is the company or plan listed considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)? Yes _____ No _____

Is a second opinion required by your company? Yes _____ No _____

Is your son/daughter allergic to any drugs? Yes _____ No _____ Which? _____

List all surgeries/serious illnesses that your son/daughter has had?

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____

School Insurance? Yes _____ No _____

*****Insurance waiver must be received by the Business Office if you checked "NO"*****

Parent's Signature and Date _____

Student's Signature and Date _____