

# MEDICAL INSURANCE INFORMATION FOR ATHLETES

*Please complete the following information about the student athlete.*

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

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

\_\_\_\_\_

Home phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade (2008-2009 School Year): \_\_\_\_\_

Fall Sport: \_\_\_\_\_

Winter Sport: \_\_\_\_\_

Spring Sport: \_\_\_\_\_

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Parent/Guardian to contact in case of emergency: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Parent's e-mail address \_\_\_\_\_

*(The e-mail address will only be used by Mr. Matilla, Director of Athletics)*

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*Please complete the following information about the cardholder (i.e. father/mother) of the student athletes **Medical Insurance.***

Card holders name: \_\_\_\_\_

Card holders date of birth: \_\_\_\_\_

Medical insurance **company name:** \_\_\_\_\_

Medical insurance **company address:** \_\_\_\_\_

Medical Insurance **company phone:** \_\_\_\_\_

Medical Insurance **policy/group #:** \_\_\_\_\_

Medical Insurance **identification #:** \_\_\_\_\_

Please note any additional comments concerning your medical insurance on the back.

***\*\*This form must be completed and returned to the Athletic Director, ASAP. Copies of this form will be on file with the Athletic Director, Athletic Trainer, and coaches.\*\****