

# ATHLETE'S PERSONAL INFORMATION



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

Academic Year 1 2 3

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cellular Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Family Physician \_\_\_\_\_ City/State \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Person to notify in case of emergency (if those listed above cannot be reached):

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

## INSURANCE DECLARATION

Complete the following which lists appropriate information regarding the primary health insurance policy which covers athletic injuries of your son/daughter while participating in intercollegiate athletics at WNCC.

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

Claims Dept. Address: \_\_\_\_\_

Group (Employer) Name: \_\_\_\_\_ Grp# \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Certificate # \_\_\_\_\_

Type of Policy: HMO [ ] PPO [ ] Major Medical [ ] Other [ ]

Are there any additional insurance policies that would cover athletic injuries? Yes [ ] No [ ]

Second Opinion Necessary For Surgical Procedures? Yes [ ] No [ ]

I hereby acknowledge that I have read and understand WNCC's Athletic Department Insurance Policy regarding athletic injuries. I am aware that pre-existing injuries/conditions or aggravation of those injuries/conditions through athletic activity are not a covered benefit. Furthermore, I understand that any injury occurring outside a regularly scheduled and supervised game and/or practice, such as out-of-season weight lifting or self-conditioning are not covered by WNCC's policy. I accept full responsibility to follow the procedural steps involved for filing a claim submission to WNCC's Excess Insurance. Furthermore, I understand that failure to follow this procedure may result in denial of the claim by WNCC Excess Insurance carrier, therefore leaving all expenses the sole responsibility of me, the athlete and/or parent or guardian, and not WNCC.

## MUST BE SIGNED BY ATHLETE AND POLICYHOLDER.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Guardian Signature (if different from Policyholder): \_\_\_\_\_ Date: \_\_\_\_\_