

Washington College Club Sports Emergency Contact and Insurance Form

Name _____ Date _____
Sport _____ Student ID # _____
Cell phone # _____
School Address _____

Emergency Contact Information

Name _____ Relationship to athlete _____
Address _____ Home phone _____
_____ Cell phone _____
_____ Work phone _____

Known Allergies: _____

Current Medications: _____

Insurance Information:

Provider: _____ HMO PPO
Policy Number: _____
Group Number: _____
Policy Holder: _____
Phone Number: _____

By signing this form, I am aware of and accept the risk of injury associated with participation in a collegiate club activity. I have no medical conditions or health factors that would restrict my participation.

Signature _____ Date _____

Received by: _____ Date _____