

EMERGENCY INFORMATION*

Name _____ Sport(s) _____
Last First MI

SS# _____ - _____ - _____ Birth date ____/____/____

Your Address while attending School _____

Your Phone number while attending School _____

Emergency Contact _____ Relationship _____

Address _____

Phone # Home: (____) _____ Work: (____) _____

INSURANCE INFORMATION

Medical Insurance Co. _____

Claims Address _____
Number/Street City State Zip

Claims Phone # _____

Policy holder _____ SS# _____ - _____ - _____

Policy holder Date of Birth ____/____/____ Group # _____

List an and all known **Allergies** _____

List any medications being taken at this time. _____

ASSUMPTION OF RISK

I understand that by participating in Intercollegiate Athletics at Northwest University I am taking on a certain risk of injury. I understand that this includes the risk of spinal cord and head/brain injury that may result in paralysis and the possibility of other permanent injury or death. I give the athletic training staff and team physician's permission to provide care in the event on injury of illness. I will report all injuries as well as comply with the treatment plan of the athletic trainers and team physicians.

Athlete's Printed Name: _____

Athlete Signature: _____ **Date:** _____

Sport _____ **mo/da/yr (i.e. 01/01/10)**

Parent or Guardian Signature: _____ **(if under 18)**

*This form is to be placed in the medical kit and taken to away games.