2024-2025
STUDENT-ATHLETE INFORMATION

(Please write legibly using blue or black ink)

Athlete - Last Name: _____ Athlete - First Name: _____ MI: ___

Date of Birth: ____/____/____ (MM/DD/YY) ☐ Male ☐ Female

Sport(s): _____ ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Other _____

Permanent (Off Campus) Address: _____

_____ _____ _____

City *State* *Zip Code*

Student-Athlete - Cell Phone: _____ Student-Athlete - Alternate Phone: _____

Student-Athlete - Email Address: _____

PARENT/GAURDIAN INFORMATION

Parent/Guardian - Name: _____ Parent/Guardian - Phone: _____

Parent/Guardian - Email Address: _____

EMERGENCY CONTACTS

(Please list two contacts other than parent/guardian)

Primary Contact: _____ Relationship to Student-Athlete: _____

_____ _____

Cell Phone # *Alternate Phone #*

Secondary Contact: _____ Relationship to Student-Athlete: _____

_____ _____

Cell Phone # *Alternate Phone #*

In an emergency, I authorize the Department of Sports Medicine and affiliated providers to contact the person(s) listed above.

Student-Athlete - Signature _____ **Date** _____

Parent/Guardian - Signature: _____ **Date** _____

(If student-athlete is under 18 years old)

INSURANCE CARD

Health Insurance, Prescription Benefits, Dental, Vision, Etc.

(Please provide one front and back copy of each benefit card)

Athlete - Name: _____ DOB: ____/____/____ Sport(s): _____

Copy **FRONT** of insurance card below

Copy **BACK** of insurance card below

Return to Cyd Bertrand (Athletic Trainer)