

**Centre College**  
**2009-2010**  
**Athlete's Personal Information**

Please print all information

Sport: \_\_\_\_\_ Academic Year FR SO JR SR Date: \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence Hall \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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**MEDICAL CONSENT** I hereby grant permission to Centre College team and school physicians, or other physicians designated by Centre, to provide me with any medical care or surgical care that they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during Centre athletic activities.

I further authorize the athletic trainers at Centre who are under the direction and guidance of the Centre team and school physicians to provide me with any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during Centre athletic activities.

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ATHLETE'S SIGNATURE

DATE

PARENT OR GUARDIAN (If under 18)

Please Complete Insurance Information on Back

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**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 Centre College.

Policy Holder \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Co. Phone (\_\_\_\_) \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Type of Policy: PPO  HMO  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 Centre College's Athletic Department Insurance Policy regarding athletic injuries. I am aware that pre-existing injuries/conditions or aggravation of them through athletic activity are not a covered benefit. I accept full responsibility to follow the procedural steps involved for filing a claim submission to Centre College's Secondary Insurance. Furthermore, I understand that failure to follow this procedure may result in denial of the claim by Centre College's Secondary Insurance carrier, therefore leaving all expenses the sole responsibility of me, the athlete and/or parent or guardian, and not Centre College.

**MUST BE SIGNED BY ATHLETE AND POLICY HOLDER**

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyholder's Signature

\_\_\_\_\_  
Date