



ATHLETE'S PERSONAL INFORMATION



Sport: _____ Academic Year 1 2 3 4 5 Date: ___/___/___
 Name: Last _____ First _____ Middle _____
 Social Security _____ - _____ - _____ Age _____ Sex _____ Date of Birth ___/___/___
 School Address _____ SMB _____ Phone () _____ - _____
 Cellular Phone () _____ - _____ NWU Email address: _____
 Home Address _____ Phone () _____ - _____
 City _____ State _____ Zip Code _____
 Mother/Guardian _____ Home Phone () _____ - _____
 Address _____ Work Phone () _____ - _____
 City _____ State _____ Zip Code _____
 Social Security (for insurance purposes only) : _____ - _____ - _____
 Father/Guardian _____ Home Phone () _____ - _____
 Address _____ Work Phone () _____ - _____
 City _____ State _____ Zip Code _____
 Social Security (for insurance purposes only) : _____ - _____ - _____
 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 NWU.

Insurance Company _____
 Claims Dept. Address _____
 _____ Street _____ Box _____
 _____ City _____ State _____ Zip _____ Phone _____
 Group (Employer) Name _____ Grp# _____
 Policyholder's Name _____
 Policy Number _____ Certificate # _____
 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 NWU's Athletic Department Insurance Policy regarding athletic injuries. I am aware that preexisting 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 NWU's policy. I accept full responsibility to follow the procedural steps involved for filing a claim submission to NWU's Excess Insurance. Furthermore, I understand that failure to follow this procedure may result in denial of the claim by NWU Excess Insurance carrier, therefore leaving all expenses the sole responsibility of me, the athlete and/or parent or guardian, and not NWU.

MUST BE SIGNED BY ATHLETE AND POLICYHOLDER.

 Athlete's Signature _____ Date _____

 Policy Holder's Signature _____ Date _____

 Parent /Guardian Signature (if different from Policyholder) _____ Date _____