This form must be completed and returned PRIOR to the student-athlete participating in practice and/or competition.

Old Dominion University

Emergency Contact and Insurance Information Form Academic year 2010-11

Student-Athlete Name:_____ Academic Year:_____

Date of Birth:_____ Sport:_____

UIN:_____ SSN:_____

School Phone:_____ Cell Phone:_____

Parent or Guardian Name: _____

Parent or Guardian Address: (Street)_____

(City)_____(State) _____(Zip)_____

Phone:_____ Work Phone:_____

Work Name & Address: (Street) _____

(City)_____(State)_____(Zip)_____

A copy of front & back of insurance card is required by the Athletic Department if you have insurance

Policy Holder Name:_____ Relationship to Athlete:_____

Insurance Company Name:_____ Phone # :_____

Group Number:_____ ID Number:_____

Effective Date of Policy:_____ Expiration Date:_____

Does the policy require a referral from your PCP/insurance for any testing or specialist care? Yes_____No_____

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To be filled out only if student-athlete has no medical/health insurance.

I, _____, do not have medical/health insurance.

Student-Athlete Signature:_____ **Notary Public:_____**

SEAL

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I have read and agree to comply with the insurance requirements.

_____ _____

Parent/Guardian Signature and Date Student-Athlete Signature and Date

(Only if student-athlete is a minor)

This form must be returned by July 31st to:

Scott Johnson
Associate Athletic Trainer
Old Dominion University
Athletic Administration Bldg,, Rm. 1113
Norfolk, VA 23529

You are to keep a copy of these documents for your records. It is a requirement that you provide a copy of your current insurance card to the Athletic Department.

IF FAXING BACK FAX TO: 757-683-5445