

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 2008-09**

Name: _____ Academic Year: _____

Date of Birth: _____ Sport: _____

UIN: _____ SSN: _____

School Address: _____

Email: _____

School Phone: _____ Cell Phone: _____

Parent or Guardian Name: _____

Parent or Guardian Address: _____

Phone: _____ Work Phone: _____

Work Name & Address: _____

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

Policy Holder Name: _____

Relationship to Athlete: _____

Insurance Company Name: _____

Insurance Company Phone number for membership services: _____

Group Number: _____ ID Number: _____

Effective Date of Policy: _____ Expiration Date: _____

Primary Care Physician (PCP): _____ Phone Number: _____

Policy Limit: _____ Policy Deductible: _____ Policy Co-Pay: _____

Does the policy require a referral from your PCP/insurance for any testing or specialist care? Yes _____ No _____

Does the policy cover athletically-related injuries? Yes _____ No _____

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

Parent/Guardian Signature and Date

Student-Athlete Signature and Date

This form must be returned by August 1st to:

Scott Johnson
Associate Athletic Trainer
Old Dominion University
Athletic Administration Building, Room #188
Norfolk, VA 23529

You should 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