



Doane College Athlete Insurance Information

The following information and authorization must be fully completed, signed, and returned before any athlete will be allowed to participate in intercollegiate athletics at Doane College.

Insurance Information:

Student Athlete Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (for ID purposes only)

EMERGENCY CONTACTS:

Father/Guardian name: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Address: \_\_\_\_\_

Mother/Guardian name: \_\_\_\_\_ Home # (if different): \_\_\_\_\_

Work #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Address: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_
(This is the individual we should call first if an injury occurs)

Alternate Emergency Contact (if different than above): \_\_\_\_\_
Phone #: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy Holders DOB: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Identify if: HMO or PPO

Copy of front and back of insurance card needed

This information I have given in confidence to the Doane College Medical Staff. I certify the above information is complete to the best of my knowledge. I hereby authorize the release of information regarding my condition/injury as necessary to physicians and to process any insurance claims that may be incurred.

I further acknowledge the risks inherent in the participation in any sport. I recognize that my personal insurance is the primary insurance against these risks and that the athletic insurance provided by Doane College is secondary only and that it has a \$2500 deductible. I understand that if I am injured my personal insurance will be primary and I will be responsible for any out of pocket expenses not covered by my personal insurance or the secondary insurance provided by the college. I further understand and represent that I will at all times carry primary insurance satisfactory to me to insure against all risks inherent in participation in a sport or sports at Doane College.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_