

**SWOSU Athlete Insurance &  
Emergency Information 2009-2010**

**Athlete:**

Name: \_\_\_\_\_ Local Phone: \_\_\_\_\_ Sport: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**Parents or Legal Guardian (Emergency Contact)**

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Insurance:**

**Please provide a copy of the front and back of the student-athlete's insurance card.**

Insurance Company: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Insurance Company Phone: \_\_\_\_\_  
Claims Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

HMO Coverage?  Yes  No  
Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PPO Coverage?  Yes  No  
Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_