

CLEVELAND STATE UNIVERSITY
Sports Medicine

General Athlete Information: (Please Print)

Name: _____ Sport(s): _____
Social Security Number: _____ D.O.B.: _____

Local Address: _____
Or Street City State Zip

Campus Address: _____
Dorm Room#

Local Phone #: _____ Cell Phone#: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Parent/Guardian Address: _____
Street City State Zip

Home Phone#: _____ Cell Phone#: _____

Work Phone#: _____

Emergency Contact Name: _____

Cell Phone#: _____ **Work Phone#:** _____

Health Insurance Information:

- Is the athlete currently covered by parents' medical insurance policy? _____ Yes _____ No
- If you answered **NO**, please refer to the page in this information packet for the **Statement Declaring Lack of Health Insurance Form (MUST BE NOTARIZED)**
 - If you answered **YES**, fill out the following information **and provide a copy of the insurance card (front and back)**

Name of Insured: _____
Last First MI

SS #: _____ D.O.B.: _____

Relationship to Athlete: _____ Insured's Employer: _____

Insurance Company: _____

Insurance Co. Address: _____
Street City State Zip

Insurance Phone#: () _____

Policy #: _____ Group#: _____

Contract Code: _____ I.D. #: _____

Type of Insurance: _____ HMO _____ PPO _____ Other

Does your insurance plan include prescription medication coverage? _____ Yes _____ No

**** A COPY OF THE INSURANCE CARD (FRONT AND BACK) MUST BE INCLUDED WITH THIS FORM AND ON FILE IN THE CLEVELAND STATE UNIVERSITY ATHLETIC TRAINING ROOM****