UTPA
Department of Intercollegiate Athletics
The University of Texas-Pan American
Athletics

Contact Information Sheet

Last Name (Print) | First | Middle | Social Security Number

Sport | Sex | Date of Birth | Age

Citizenship | Student Identification Number | Marital Status

School Address:

Number, Street and Apt.

City | State | Zip

Local Phone | Cell Phone | Home Phone

Home/Permanent Mailing Address:

Number, Street and Apt

City | State | Zip

Parental Information:

Father's Name

Number, Street and Apt.

City | State | Zip

Work Phone | Cell Phone | Home Phone

Father, employed at this time? (*Circle One*)
Yes No Retired

Occupation

Employer

Employer's Address: Number and Street

City | State | Zip

Mother's Name

Number, Street and Apt

City | State | Zip

Work Phone | Cell Phone | Home Phone

Mother, employed at this time? (*Circle One*)
Yes No Retired

Occupation

Employer

Employer's Address: Number and Street

City | State | Zip

Emergency Contact:

Name | Relation | Day Phone | Night Phone

Student Athlete's Insurance Status Form

Important This form **MUST** be filled out completely and returned to the Athletic Training Room before the Student Athlete will be allowed to participate in University activities or practices. Withholding any appropriate personal insurance information may invalidate your insurance coverage through the University!

Last Name (Print) First Middle Social Security Number

Sport Sex Date of Birth Age Student ID #

Personal Insurance Status:

Do you or your parents carry insurance which covers you in case of an injury or accident? (*Circle One*) **YES** **NO**

If Yes: Insurance Company Name:_____

Mailing Address: _____

Telephone: _____

Policy Number:_____ Group Number: _____

Policy Holder's Name: _____

Policy Holder's Date of Birth:_____ Policy Holder's SS#:_____

Policy Holder's Relationship to Athlete: _____

Policy also covers: (*Circle all that apply*): Prescriptions Dental Vision

HMO/PPO Requirements or Restrictions: _____

Primary Care Physician:_____ Phone Number: _____

Other Information: _____

_____

Are there any other medical insurance policies covering this student-athlete? (*Circle One*) **YES** **NO**

_____

_____

_____

_____

_____

Please be sure to copy and submit both sides of all pertinent insurance cards (including medical, dental, and prescription cards).

I certify that the above information is correct to the best of my knowledge.

Student Athlete's Signature Date

Parent or Policy Holder's Signature Date