



NWC ATHLETICS – EMERGENCY CONTACT INFORMATION

Sport: _____

Name (First, Last) _____ **Birth Date** ____ / ____ / ____

Age ____ **Sex** F / M **Class** 1st 2nd 3rd 4th

Cell Phone _____ **Email** _____

Permanent Address _____ **City** _____

State _____ **Zip Code** _____ **Country** _____

Insurance Information (Only disclosed in an emergency)

I DO NOT have personal insurance:

Insurance Company _____ **Policy / ID Number** _____

Primary Card Holder _____ **Group Number** _____

PLEASE PROVIDE A COPY OF YOUR HEALTH INSURANCE CARD, FRONT & BACK

Parent/Guardian Contact (In1 12 43 T2vBACRD, 8.4 36.2 ref*CID 12BDC 02 02 9 reW* nBT/F1 12 Tf1 00)

Permission to Provide Emergency Medical Care