

**WALLACE STATE COMMUNITY COLLEGE
EMERGENCY CONTACT and INSURANCE INFORMATION FORM**

Name _____

Date of Birth _____ Sport/s _____

SSN _____ Academic Year 2007-2008

Parent/Guardian Name _____

Address _____

_____ Cell Phone _____

Home Phone _____ Work Phone _____

Policy Holder Name _____

Relationship to Student-Athlete _____

Address _____ Home Phone _____

_____ Work Phone _____

Insurance Company Name _____

Insurance Co. Address _____

Group # _____ I.D. # _____

Effective Date of Policy _____ Expiration Date _____

Primary Physician _____

Office Number _____

Policy Limit _____

Policy Deductible _____

Policy Co-Pay _____

Does policy cover athletically-related injuries? _____

I authorize any Health Care Provider, Insurance Company, Person, or Organization to release information regarding medical, dental, mental, alcohol or drug abuse history, treatment, or benefits payable to NAHGA, the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. I further authorize release of this information to WSCC Athletic Dept staff.

Parent/Guardian Signature Date Student-Athlete Signature Date

**To ensure eligibility for participation this form must be completed and returned immediately.
You should keep a copy of these documents for your records.**

Return To:

Rob Metcalf, Cheerleading Coach
PO Box 2000
Hanceville, AL 35077