Central State University
Athletic Information and Insurance Form

Name: _____ Date: _____
Last First MI

Sport: _____ SSN: _____ Cell #: _____

Temporary Address: _____
Street City State Zip

Temporary Phone: _____ Email Address: _____

Year (athletic): FR SO JR SR Date of Birth: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Home Address: _____ with Mom/Dad/Both
Street City State Zip

Insurance Information:

Are you currently covered under an insurance policy? YES NO

Is your insurance the University Insurance? YES NO

Are you covered under your parent's insurance? YES NO

Name of Insurance Company: _____

Insurance company Claims Address: _____
(On Back of Card)

Insurance Company Phone Number: _____
(Customer Service On Back of Card)

Policy Number: _____ Group Number: _____

_____ _____
Athlete's Signature Date

Front of card

Back of Card