

**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? _____

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:

Deborah Spann, Athletic Coordinator
PO Box 2000
Hanceville, AL 35077