

Jacksonville College
Student-Athlete Information Form and Emergency Contacts

Personal Information:

Athlete Name: _____
Last Name First Name M.I.

Sport: _____ **Gender:** Male Female

Social Security Number: _____ **Date Of Birth:** _____

Campus/Local Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Campus Email: _____ **Cell/Primary:** _____

Permanent Address:

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parent/Guardian Emergency Contact Information:

Primary Contact: _____
Last Name First Name M.I.

Relationship: _____ **Email:** _____

Cell: _____ **Work Phone:** _____ **Home Phone:** _____

Secondary Contact: _____
Last Name First Name M.I.

Relationship: _____ **Email:** _____

Cell: _____ **Work Phone:** _____ **Home Phone:** _____

Jacksonville College
Primary Insurance Information

Athlete Name: _____
Last Name First Name M.I.

Sport: _____ **Gender:** Male Female

Social Security Number: _____ **Date Of Birth:** _____

Cell/Primary: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name and Address of Persons Providing Primary Insurance Coverage
(Subscriber)

Name: _____
Last Name First Name M.I.

Social Security Number: _____ **Date Of Birth:** _____

Cell: _____ **Work Phone:** _____ **Home Phone:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Employer: _____

Work Phone: _____

Email: _____

Insurance Information

Insurance Company: _____

Phone Number: _____

Insurance Co Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Policy #: _____

Group #: _____

The College's insurance coverage is considered secondary to the athlete's or family's own medical benefit plan coverage. Therefore, it is necessary that claims be submitted to the athlete's personal, family or employer group medical benefit plan first so that the insurance company may contribute their maximum benefit first. Then, any costs not covered by the personal or family policy will be submitted to the Jacksonville College athletic insurance carrier for consideration. Provided the claims are submitted within the 52 week time limit, and are **related to athletic injury while participating in Jacksonville College Athletics ONLY**. Any deductible, if applicable, will be the student's financial responsibility.

*This information is for official athletic department use only, and will only be released to athletic department staff, university nurse, and medical consultants, orthopedic consultants, medical specialty consultants, clinics and hospitals you may be referred to by the Jacksonville College Athletic Trainer.

I authorize Jacksonville College or its insurance agent to pay the medical vendors directly for any bills incurred from intercollegiate athletic accidents.

Athlete's Signature

Date

Policyholder Signature

Date