

PARENTS/GUARDIANS TO COMPLETE AND RETURN TO:

Attn: Stacy Schlumbohm  
Saint Mary's College Athletics  
Angela Athletic Facility  
Notre Dame, IN 46556

FAILURE TO COMPLETE ALL BLANKS WILL RESULT IN CLAIMS PROCESSING DELAYS. NOTE:  
Complete all blanks. If information is not applicable, indicate reason it is not, i.e. deceased, divorced, unknown.

Name of Athlete: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

College Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth date: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Medical Insurance Co.: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the company or plan listed above considered a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your insurance or plan require a second opinion before surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby authorize Saint Mary's College and Student Athletic Protection, Inc. of Kalamazoo, MI to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and any other data covering this and/or previous confinements and/or disabilities. A photo copy of this authorization shall be deemed as effective and valid as the original and valid up to two years from the date of signature.

We authorize Saint Mary's College or its insurance agent to pay the medical vendors directly for any bills incurred from intercollegiate athletic accidents.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_