



**Insurance Card/Emergency Information**

Please complete and return to:

Ashley Steffey – Head Athletic Trainer  
Saint Mary's College  
Angela Athletic & Wellness Complex  
Notre Dame, IN 46556

**PLEASE ATTACH FRONT & BACK PHOTOCOPY OF INSURANCE CARD**

**Personal Information**

Athlete's Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_ Phone#: \_\_\_\_\_ Year: 1 2 3 4 5  
(Month/Day/Year)

SMC Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Hall/Room #/or Apartment

City State Zip  
Home Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Street

City State Zip

Parent/Guardian Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address (if different) \_\_\_\_\_  
Street City State Zip

Primary Care Physician: \_\_\_\_\_ Ph. # \_\_\_\_\_

**Emergency Information (other than parent/guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph. # \_\_\_\_\_

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

City State Zip

**Medical Authorization**

I hereby authorize Saint Mary's College and 1<sup>st</sup> Agency of Kalamazoo, MI to inspect or secure copies of case history records, laboratory reports, diagnoses, x-rays, and/or any other data covering this and/or previous confinements and/or disabilities.

I understand the risk of injuries the losses that can occur as a result of participation in intercollegiate athletic activities and assume all such risks. I hereby further consent to Saint Mary's College's obtaining whatever medical treatment and/or care is deemed necessary by College staff for the health and well-being of the student-athlete and I consent to have administered to the athlete any emergency medical or surgical treatment recommended by any licensed physician. In consideration of the student-athlete being permitted to participate in Saint Mary's College's intercollegiate athletic program, I release and agree to indemnify and hold harmless Saint Mary's College, its board, president, officers and employees. A copy of this authorization shall be deemed effective and valid as the original.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Policyholder Signature

\_\_\_\_\_  
Date