

PARTICIPATION INFORMATION
NORTHLAND COMMUNITY & TECHNICAL COLLEGE

This information is being collected for college officials to use in case of emergency to notify personal contacts and medical providers; it will be maintained as a private education record. You are not required by law to provide this information, but if you do not do so, we may be unable to give you proper assistance when needed. Failure to provide is with this information will not prevent you from participating in this activity.

Name: _____ Student ID: _____

Local Address: _____

Permanent Address: _____

Local Phone#: _____ Permanent Phone#: _____

E-Mail Address: _____

HEALTH INSURANCE INFORMATION

Company Name: _____

Group #: _____ Subscriber #: _____

Name of Person You Are Insured Through: _____

Does your policy cover participation in varsity athletics? Yes ___ No ___

Does your policy cover catastrophic injuries? Yes ___ No ___

MEDICAL HISTORY & EMERGENCY CONTACT INFORMATION

Name and Phone Number for emergency Contact: _____

Name and Phone Number of Personal Physician: _____

Do you have a medical condition requiring care? Yes ___ No ___

If yes, Please describe: _____

What Medical Prescriptions are you currently taking? _____

Previous Injuries: _____

Signature of Policyholder verifying that the medical insurance
Listed above covers intercollegiate athletics

Date