

Coe College
Mandatory Student Athlete Information Form

All student athletes must complete for the 2010 – 2011 academic year

Coe College and the NCAA have instituted a mandatory health insurance/demographics requirement for any individuals participating in the following categories: **Intercollegiate Athletics/Cheerleading**

IMPORTANT: Failure to complete this form in its entirety and submit will result in the **Inability to Practice or Compete.**

Section A: Student Athlete Demographic Information

Last Name: _____ Middle Initial: _____ First Name: _____

SSN#: _____ **Circle Year in School:** Fresh, Soph, Jr, Senior, 5th year **Birth date:** ___/___/___

Sports Participating in at Coe College: 1. _____ 2. _____

As a student- athlete at Coe College, it is the responsibility of the athlete and/or his/her parents to maintain private health insurance in order to be eligible to participate.

ADDRESS

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone(s): _____

School Address: _____ Box: _____

School Phone: _____ Other Phone(s): _____

EMERG.

Emergency Contact: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Other: _____

Insurance Policy Holder Name: _____ Date of Birth: _____

MED ALERTS

Medical Alerts , Current Medications, Allergies (please list): _____

Family Physician: _____ Physician Phone : _____

Medications Taking: _____ Amount: _____ Prescription Date: _____

Prescribing Physician: _____ Reason: _____

Return By August 1 to:
Coe College, 1220 1st Ave N.E.,
Eby Field House,
c/o Shaun McCarthy,
Cedar Rapids, IA 52402
Fax 319-399-8721

Student Athlete's Name: _____

TO BE COMPLETED BY THE POLICYHOLDER (Usually PARENT or GUARDIAN)

Section B: Health Insurance Certification

Name of Insurance Company: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone # _____

Policyholder Name _____ Policy Type (HMO, PPO, POS) _____

Policy/Group # _____ Plan/Code # _____

Effective Date: _____ Policyholder Date of Birth _____

Student Athlete's Relationship to Policyholder: _____

Waiver: *I certify that the all insurance information listed above is accurate and correct. By providing my Signature, I understand that Coe College will assume no responsibility whatsoever for the payment of medical expenses resulting in injuries that occur while participating in intercollegiate athletics at Coe College. In addition, my medical insurance meets the following guidelines:*

1. The above listed student is covered under this policy.
2. The insurance provided covers injuries/illness' incurred to athletic practices/events.
3. The policy covers injuries/illness' up to the amount of \$90,000.

Policyholder Signature: _____ **Date:** _____
(Not athlete, unless they have their own policy)

It is the responsibility of the policyholder to let Coe College Athletic Training Services know if there are any changes in the above policy. The policyholder signature indicates that all of the above information is correct.

***** A COPY OF BOTH SIDES YOUR INSURANCE CARD with this form is MANDATORY.*****

This section is to be completed annually by the athlete and his/her parent before participation at Coe College, in order to detect any possible risks.

Circle Correct Response

MEDICAL HISTORY

- | | | | |
|-----|--|-----|----|
| 1. | Were you hospitalized in the last 12 months? | Yes | No |
| 2. | Have you had any bone/joint surgeries of any kind? | Yes | No |
| 3. | Are you wearing any special eyewear? (Contacts, glasses, etc) ? | Yes | No |
| 4. | Have you tested positive for sickle cell trait? | Yes | No |
| 5. | Do you have any medical problems requiring continued treatment or rehab? | Yes | No |
| 6. | Any other injuries that have occurred within the last 12 months? | Yes | No |
| 7. | Have you had any recent fainting or dizziness while exercising? | Yes | No |
| 8. | Have you ever had any head injuries or loss of consciousness? | Yes | No |
| 9. | Have you had any other sport related injuries not previously indicated? | Yes | No |
| 10. | Are you currently on any medications? | Yes | No |

Explain any "YES" answers below.

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