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.

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**ADDRESS**

Home Address: ____________________________________________________________

City: __________________________ State: ____________ Zip: __________________________

Home Phone: __________________________ Other Phone(s): __________________________

School Address: __________________________ Box: __________________________

School Phone: __________________________ Other Phone(s): __________________________

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**EMERG.**

Emergency Contact: __________________________ Relation: __________________________

Home Phone: __________________________ Work Phone: __________________________ Other: __________________________

Insurance Policy Holder Name: __________________________ Date of Birth: __________________________

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**MED ALERTS**

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

Family Physician: __________________________ Physician Phone: __________________________

Medications Taking: __________________________ Amount: __________________________ Prescription Date: __________________________

Prescribing Physician: __________________________ Reason: __________________________

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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

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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