

CHABOT COLLEGE ATHLETICS
Athlete Information Sheet

Sport: _____ Circle: Freshman / Sophomore Sex: Male / Female

Personal Information:

Athlete's Name (Last, First): _____ ID #: _____

Athlete's Address: _____ City _____ Zip _____

Athlete's Phone Number: _____ Athlete's Birthdate: _____

Emergency Contact Name (Last, First): _____

Address: _____ City _____ Zip _____

Relationship: _____

Phone: Primary: _____ Secondary: _____

Emergency Contact Name (Last, First): _____

Address: _____ City _____ Zip _____

Relationship: _____

Phone: Primary: _____ Secondary: _____

Insurance Information

Do you have medical insurance? Circle: YES NO

Your insurance company name: _____ Circle: HMO PPO Other

Policy Number: _____ Group Number: _____

Is this insurance through a parent? Circle: YES NO Parent Name: _____

Consent is hereby given for the above named to compete in sports and go with a representative of Chabot College on any trips. In case of injury, authorization is granted for treatment by any medical personnel and physician designated by the College. Authorization is also granted to share medical information between Athletic Trainers, Chabot Coaches and Team Physician. I understand that some risk or danger may be involved with my sports participation. I am aware of the possibility of injury and accept this risk.

Student-Athlete Signature _____ Date: _____

Emergency Contact Signature required if under 18: _____ Date: _____