

**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: \_\_\_\_\_

Athlete's email address: \_\_\_\_\_

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: \_\_\_\_\_