

CHABOT COLLEGE ATHLETICS
Athlete Information Sheet

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

Personal Information:

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

Athlete's Address: _____ City _____ Zip _____

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

Mother's Name (Last, First): _____

Mother's Address: _____ City _____ Zip _____

Mother's Employer: _____

Mother's Phone: Work: _____ Home: _____

Father's Name (Last, First): _____

Father's Address: _____ City _____ Zip _____

Father's Employer: _____

Father's Phone: Work: _____ Home: _____

Insurance Information

Do you have medical insurance? Circle : YES NO

Your insurance company name: _____ Circle: HMO PPO Other

Policy Number: _____ Group Number: _____

Primary Physician Name: _____ Phone: _____

Parent's Name: _____ Policy #: _____

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 a 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: _____

Parent's Signature required if under 18: _____ Date: _____