

LUTHER COLLEGE
EMERGENCY CONTACT and INSURANCE INFORMATION FORM

Name _____
Date of Birth _____ Sport _____
SSN _____ Academic Year _____
Cell Phone _____ Dorm Phone _____
Dorm & Room _____ or Address (house/apt) _____

The acknowledgement of Insurance Requirements must be read and understood and this form completed **PRIOR** to the student-athlete participating in practice and/or competition.

Parent/Guardian Name _____
Address _____

Home Phone _____ Work Phone _____

Policy Holder Name _____
Relationship to Student-Athlete _____
Insurance Company Name _____
Insurance Company Address _____
Group # _____ ID # _____
Effective Date of Policy _____ Expiration Date _____
Policy Limit _____ Policy Deductible _____
Policy Co-Pay _____
Does the policy cover athletically-related injuries? Yes _____ No _____

I have read and agree to comply with the provisions of the Acknowledgement of Insurance Requirements.

Parent/Guardian Signature and Date

Student-Athlete Signature and Date

This form must be completed and returned by August 1, 2010
Return to:

Athletic Training – Brian Solberg
Luther College
700 College Drive
Decorah, IA 52101

You should keep a copy of these documents for your records.