

Oklahoma Panhandle State University

ATHLETIC INSURANCE INFORMATION

Date _____ Name _____ Sport _____

SS # _____ Date of Birth _____ Eligibility Year 1 2 3 4 5

Local Address (OPSU) _____ Dorm / Street _____ Phone _____

 City _____ State _____ Zip _____
 Home Address _____ Street _____ Phone _____

 City _____ State _____ Zip _____

PARENT/GUARDIAN/SPOUSE INFORMATION

FATHER/GUARDIAN/HUSBAND/(SELF)

MOTHER/GUARDIAN/WIFE

Name _____
 Soc Sec # _____
 Address _____

 City _____ State _____ Zip _____

Name _____
 Soc Sec # _____
 Address _____

 City _____ State _____ Zip _____

Home Phone _____
 Employer _____
 Address _____

Home Phone _____
 Employer _____
 Address _____

City _____ State _____ Zip _____
 Work Phone _____

City _____ State _____ Zip _____
 Work Phone _____

Do you have medical insurance? Yes No

Do you have medical insurance? Yes No

Insurance Co _____
 Address _____

Insurance Co _____
 Address _____

City _____ State _____ Zip _____
 Ins. Phone _____
 Policy # _____ Group # _____
 Contract # _____

City _____ State _____ Zip _____
 Ins. Phone _____
 Policy # _____ Group # _____
 Contract # _____

Authorization required for
 Emergencies Yes No

Authorization required for
 Emergencies Yes No

Whose insurance is Primary Coverage? _____

Do you have secondary Coverage? Yes No LIST: _____

I hereby authorize Oklahoma Panhandle State University and its Athletics Insurance Company to inspect or secure copies of case history records, lab reports, diagnosis, x-rays, and any other data covering this and/or previous confinement and/or disabilities. We also authorize Oklahoma Panhandle State University or its insurance agent to pay medical vendors directly for any bills incurred from any intercollegiate athletic injuries. A photostatic copy of this authorization shall be deemed effective and valid as the original.

Signature of Student-Athlete: _____
 Signature of Parent/Guardian: _____
 Date: _____

PLEASE ATTACH A COPY OF THE INSURANCE POLICY CARD.