

Emergency Information

Name _____ Date of Birth ____/____/____ Address _____
Street City State Zip
Social Security Number ____ - ____ - ____ Home Phone: (____) _____ Cell Phone: (____) _____
Allergies or medical conditions (i.e.: diabetes, asthma, etc.) _____
If none please fill in 'No Known Allergies'
Emergency Contact Name: _____ Relationship _____ Phone: (____) _____

Parent/Guardian Information

Father/Guardian Name _____ Mother/Guardian Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Home Phone _____ Home Phone _____
Cell Phone _____ Cell Phone _____
Is father employed? Y/N ___ If yes, fill out section below. Is mother employed? Y/N ___ If yes, fill out section below.
Employer _____ Employer _____
Mailing Address _____ Mailing Address _____
Number and Street Number and Street
City, State, Zip Code City, State, Zip Code
Work Phone _____ Work Phone _____

PHOENIX COLLEGE ATHLETICS

Sport _____

The Maricopa County Community College student accident insurance policy, which provides insurance for injuries sustained while participating in the play or practice of intercollegiate athletics, is "excess" or "secondary" coverage. Any other accident insurance coverage you may be covered under is considered a "primary" coverage (insurance through parents, employer, etc.). If you are injured and are covered under a primary plan, a claim must be filled out under both policies. The college "excess" plan will pay only after your primary insurance company has made payment. If there is no primary coverage, then the student accident insurance will pay what is considered to be reasonable and customary charges in Maricopa County. If this does not cover the entire bill, then you are responsible for the remaining balance.

I am ____/ am not ____ (please indicate one) covered under an accident insurance policy in addition to the MCCC CD student accident insurance.

I hereby give my permission for treatment to the athletic training staff and physicians designated by Phoenix College.

Name of Athlete (Print) Signature of Athlete MCCC CD Student Insurance:
National Union Fire Insurance Company
Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040
(800) 468-4343

**Signature of Parent/Guardian Date
**Must be signed by parent/guardian if athlete is under the age of 18.

INSURANCE INFORMATION: Primary Coverage (Fill out information below) ___ MCCC D Coverage Only ___

Name of Policy Holder _____ Mother ___ Father ___ Self ___ Spouse ___ Is the insurance through employer Yes ___ No ___
Insurance Company _____ Social Security No. of Policy Holder ____ - ____ - ____ Date of Birth ____/____/____
Policy/ID Number _____ Group Number _____
Insurance Company Address _____
Street City State Zip
Insurance Company Phone: (____) _____ HMO PPO Private