

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.) _____

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 _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Work Phone _____ Work Phone _____

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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 student accident insurance.

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

_____	_____	MCCC Student Insurance: National Union Fire Insurance Company Bob McCloskey Insurance P.O. Box 511 Matawan, New Jersey 07747 (800) 445-3126
Name of Athlete (Print)	Signature of Athlete	
_____	_____	
**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 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 _____

Insurance Company Phone: (_____) _____ HMO _____ PPO _____ Zip _____ Private _____

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