



Athletic Department – Insurance Information Form

This form must be completed, signed and returned to the Athletic Department prior to participating in any Intercollegiate or Club athletic activity. The College secures accident coverage that may be utilized only after family insurance is exhausted.

Please Print

Athlete's Name: _____ Sport(s): _____

Home Address: _____
(Street/PO Box) (City) (State) (Zip)

Parent/Guardian #1: _____

Home Address: _____
(Street/PO Box) (City) (State) (Zip)

Home Phone: (_____) _____; Cell: (_____) _____; Work: (_____) _____;

Employer's Name: _____; Employer's Address: _____

Name/Group Insurance Co. _____ Policy # _____

Mailing Address for Claims _____
(Street/PO Box) (City) (State) (Zip)

Insurance Company Phone Number: (_____) _____

Is your dependent son/daughter covered under the above policy? Yes No

Is your plan part of an HMO that restricts treatment outside the group? Yes No

Does your plan require pre-authorization for services? Yes No

Parent/Guardian #2: _____

Home Address: _____
(Street/PO Box) (City) (State) (Zip)

Home Phone: (_____) _____; Cell: (_____) _____; Work: (_____) _____;

Employer's Name: _____; Employer's Address: _____

Name/Group Insurance Co. _____ Policy # _____

Mailing Address for Claims _____
(Street/PO Box) (City) (State) (Zip)

Insurance Company Phone Number: (_____) _____

Is your dependent son/daughter covered under the above policy? Yes No

Is your plan part of an HMO that restricts treatment outside the group? Yes No

Does your plan require pre-authorization for services? Yes No

Return to: Paul Smith's College, Athletic Department, PO Box 265, Paul Smiths, NY 12970-0265.

Fax: (518) 327-6545. May be emailed to Jim Tucker: jtucker@paulsmiths.edu

You will not be allowed to participate in any intercollegiate or club sport activity until this completed form is returned.