



# PARTICIPANT INFORMATION

## Ridgewater College

*This information is being collected for school officials to use in case of emergency to notify personal contacts and medical providers; it will be maintained by Ridgewater College as a private education record.*

Name: \_\_\_\_\_ Ridgewater Student ID Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

### Health Insurance Information:

Company Name: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber/Member #: \_\_\_\_\_

Name of Person You are Insured Through: (example-mother's name, your name) \_\_\_\_\_

Other Insurance (if any): \_\_\_\_\_

### Medical History and Emergency Contact Information

Name & Number of Emergency Contact: \_\_\_\_\_

Name & Number of Physician: \_\_\_\_\_

Prescription Medication: \_\_\_\_\_

Please describe any medical conditions requiring care that we should be aware of (use back of sheet if needed).

\_\_\_\_\_  
\_\_\_\_\_

Signature of student athlete (or parent/guardian if student is under 18)  
verifying that the medical insurance listed above covers intercollegiate athletics

Date