



**COMMUNITY COLLEGES OF SPOKANE  
ATHLETE'S INSURANCE INFORMATION FORM**



**(All Blanks Must Be Completed. Please Print Clearly.)**

It is necessary that this form be filled out completely and returned to the Athletic Department Secretary's Office before participating (practicing or competing) in any athletic sport.

SPORT(S)	YEAR	AGE
STUDENT'S NAME	MARITAL STATUS	
SOCIAL SECURITY NUMBER	BIRTHDATE	
STUDENT ID #	CAMPUS ATTENDING	SCC SFCC
PERMANENT ADDRESS	STATE	ZIP

**PARENT'S INSURANCE INFORMATION**

PARENT'S NAME		
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	CIRCLE: Married Separated Divorced Deceased	

I have other individual and/or group coverage through the following insurance company:	Insurance Company's Phone # (1-800-# if possible):
--	--

I do not have other insurance coverage \_\_\_\_\_. If you have other coverage list the following:

CLAIMS PAYING OFFICE	STATE	ZIP
POLICY NUMBER	GROUP NUMBER	
SUBSCRIBER'S NAME		
FATHER'S EMPLOYER		
ADDRESS		
SOCIAL SECURITY NUMBER	WORK PHONE	
MOTHER'S EMPLOYER		
ADDRESS		
SOCIAL SECURITY NUMBER	WORK PHONE	

The school athletic insurance policy is excess coverage to any other payable insurance plan. I understand that any cost for medical expenses incurred as a result of accidental injury while participating in the school athletic program will be reduced by the amount collectable from any other insurance plan. If no existing parental insurance is in effect, payments will be made according to the schedule of benefits of the athletic accident policy. If, for any reason, the student athletic insurance or parental insurance does not cover your charges in full or denies your claim, **YOU ARE RESPONSIBLE FOR THE BALANCE.**

I hereby authorize any hospital, trust fund, employer, insurance company or other person who has attended me or any dependent to disclose when requested to do so by the Athletic Insurance Company, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records.

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