



**CALHOUN  
COMMUNITY  
COLLEGE**

***ATHLETE INSURANCE INFORMATION***

*(PLEASE PRINT WITH BLACK PEN)*

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<b>ATHLETE'S FULL NAME</b>	<b>SOC.SEC.#</b>	<b>DOB</b>	<b>AGE</b>	<b>M/F</b>
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<b>ATHLETE'S ADDRESS</b>	<b>CITY</b>	<b>ST</b>	<b>ZIP</b>
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<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>EMAIL ADDRESS</b>
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<b>EMERGENCY CONTACT</b>	<b>RELATION TO ATHLETE</b>
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<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>EMAIL ADDRESS</b>
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***PARENT/GUARDIAN INFO***

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<b>FATHER'S NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>ST</b>	<b>ZIP</b>
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<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>FATHER'S SOC. SEC. #</b>	<b>FATHER'S DOB</b>
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<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>BUSINESS PHONE</b>
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<b>MOTHER'S NAME</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>ST</b>	<b>ZIP</b>
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<b>HOME PHONE</b>	<b>CELL PHONE</b>	<b>MOTHER'S SOC. SEC.#</b>	<b>MOTHER'S DOB</b>
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<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>BUSINESS PHONE</b>
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***INSURANCE INFORMATION***

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<b>RESPONSIBLE PARTY</b>	<b>ADDRESS</b>	<b>CITY</b>	<b>ST</b>	<b>ZIP</b>
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<b>HOME PHONE #</b>	<b>BUSINESS PHONE</b>	<b>RELATION TO ATHLETE</b>
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<b>PRIMARY INSURANCE COMPANY</b>	<b>POLICY #</b>	<b>GROUP #</b>
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<b>POLICY SUBSCRIBER'S NAME (AS ON CARD)</b>	<b>DOB</b>	<b>SOC. SEC.#</b>
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<b>INSURANCE COMPANY ADDRESS</b>	<b>CITY</b>	<b>ST</b>	<b>ZIP</b>	<b>PHONE</b>
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**YOU MUST ATTACH A COPY OF THE INSURANCE CARD**