

**PARK UNIVERSITY ATHLETE
EMERGENCY INFORMATION FORM**

Athlete's Information

Date: _____

Last First MI Social Security # Student ID Number

Street Address City State Zip Code

Local Phone Number Emergency Phone in This Area

Parent's Information

Father's Name

Street Address City State Zip Code

Home Phone Number Work Phone Number

Mother's Name

Street Address City State Zip Code

Home Phone Number Work Phone Number

Insurance Information

Copy both sides of the Insurance Card and attach to this form

Name of Insurance Company _____

Name of Insured _____

Policy Number _____