

Sierra College Athletic Insurance Information

Name: _____ Sport: _____

Date of Birth: _____ Phone #: _____

Address: _____
Street Apt# City Zip

Name of Emergency Contact: _____ Relation: _____

Cell #: _____ Home #: _____ Work #: _____

Do you have health insurance? Yes _____ No _____

Name of Policyholder: _____ Relation: _____

Address: _____ Phone #: _____
Street City State Zip

Insurance Company: _____ Phone #: _____

Address: _____
Street City State Zip

Policy Number: _____ Group Number: _____

Type of Plan? HMO/Kaiser: _____ PPO: _____ Other: _____

Are you covered by a secondary insurance plan? Yes _____ No _____

A copy of the front and back of your insurance card must be on file in the athletic training room. You may attach a copy to this form or email picture(s)/screenshot(s) to Brandon Johnson at **bjohnson@sierracollege.edu**, please include your name in the subject line.

I understand that my insurance company will provide my primary coverage, and the college's insurance is secondary coverage. I hereby certify that all the above information is true, complete and accurate to the best of my knowledge. I will inform the athletic training staff immediately if there are any changes to this insurance information.

Signature: _____ Date: _____