

Sierra College Athletic Insurance Information

Name: _____ Sport: _____

Date of Birth: _____ Phone #: _____

Current Address: _____
Street Apt# City Zip

Permanent Address: _____
(if different from above) Street Apt# City State Zip

Name of Emergency Contact: _____ Relation: _____

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

Name of Emergency Contact: _____ Relation: _____

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

Do you have health insurance? Yes _____ No _____

Is your insurance through Medi-Cal/Medicaid Program? Yes _____ No _____

Name of Insurance Company: _____

Identification Number: _____

Group Number (if applicable): _____

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 understand if I do not have insurance or have Medi-Cal, Medicaid or military insurance, the schools insurance will provide primary coverage. I will inform the athletic training staff immediately if there are any changes to my primary insurance information. I hereby certify that all the above information is true, complete and accurate to the best of my knowledge.

Signature: _____ Date: _____