

ALDERSON-BROADDUS COLLEGE  
ACCIDENT INSURANCE PARTICIPATION FORM

Athlete's Name \_\_\_\_\_ Sport \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ S.S. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone ( \_\_\_\_ ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Employer \_\_\_\_\_  
Mother's Employer Address \_\_\_\_\_  
Phone Number ( \_\_\_\_ ) \_\_\_\_\_  
Are there any Medical Benefits available from Mother's Employer? \_\_\_\_\_  
Are there any other Medical Benefits available (including Medicaid) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Father's Employer \_\_\_\_\_  
Father's Employer Address \_\_\_\_\_  
Phone Number ( \_\_\_\_ ) \_\_\_\_\_  
Are there any Medical Benefits available from Father's Employer? \_\_\_\_\_  
Are there any other Medical Benefits available (including Medicaid) \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of Policyholder \_\_\_\_\_  
Policy Numbers \_\_\_\_\_  
Employer Name, if applicable \_\_\_\_\_  
Federal ID Number, if applicable \_\_\_\_\_  
Medicaid Recipient ID Number, if applicable \_\_\_\_\_

Emergency Contacts \_\_\_\_\_  
Day Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_