



Insurance Card/Emergency Information/Medical Waiver

PLEASE ATTACH PHOTOCOPY OF INSURANCE CARD

Personal Information (Please print)

Athlete's Name: (Last) (First) (MI) Sport(s):

Date of Birth: (Month/Day/Year) Social Security #: Year: 1 2

School Address: Street Phone #: () City State Zip

Home Address: Street Phone #: () City State Zip

Parent/Guardian Name: Home Phone#: ()

Work Phone #: () Cell Phone#: ()

Address (if different): Street City State Zip

Primary Care Physician: Phone #: ()

Emergency Contact Information (other than parent/guardian)

Name: Relationship: Phone #: ()

Address: Street City State Zip

Medical Authorization, Agreement, Consent, Indemnification, and Release Waiver Form.

I hereby authorize Fond du Lac Tribal & Community College the right to inspect or secure copies of case history records, laboratory reports, diagnosis, x-rays, and/or any other data covering this and/or previous confinements and/or disabilities.

I understand the risk of injuries and losses that can occur as a result of participating in intercollegiate athletic activities and assume all such risk. I hereby allow Fond du Lac Tribal & Community College medical staff to administer whatever medical treatment and/or care deemed necessary for the health and well-being of myself. Furthermore, I consent to have administered to me any emergency medical or surgical treatment recommended by any licensed physician. In consideration of the student-athlete being permitted to participate at Fond du Lac Tribal & Community College athletic program, I release and agree to indemnify and hold harmless Fond du Lac Tribal & Community College, its board, president, officers, and employees against and from any and all claims, damages, and authorization shall be deemed as effective and valid as the original.

Signature of Custodial Parent/Legal Guardian Date (If athlete is under 18 years of age)

Signature of Student-Athlete Date