

2009 SMOW CHEERLEADING INSURANCE & MEDICAL INFORMATION FORM

PLEASE PRINT CLEARLY

PLAYER'S NAME: _____

INSURED'S NAME: _____

INSURANCE COMPANY: _____

INSURANCE PHONE #: _____

GROUP OR PLAN #: _____

DOCTOR NAME: _____

DOCTOR PHONE: _____

MOM'S NAME: _____ DAD'S NAME: _____

MOM'S CELL #: _____ DAD'S CELL #: _____

MOM'S WORK #: _____ DAD'S WORK #: _____

HOME PHONE(S): _____

PARENTS EMAIL(S): _____

IN CASE OF EMERGENCY, CONTACT: (List name, phone & relationship)

ATHLETE HEALTH INFO: List allergies, heart condition, diabetes, or any other medical condition or medicine that we need to know about:

SIGNED BY: _____ Date: _____