



**Kennesaw State University
Collegiate Club Sports**

Emergency Contact Information

CLUB NAME _____

LAST NAME _____ FIRST NAME _____ MI _____

STUDENT ID # _____ AGE _____ BIRTHDATE ____/____/____

LOCAL ADDRESS _____
street city state zip

LOCAL PHONE _____ PERMANENT PHONE _____

PERMANENT ADDRESS _____
street city state zip

NOTIFY IN CASE OF EMERGENCY

Primary Contact

Name _____ Relationship _____ Telephone _____ Telephone _____

Address _____
street city state zip

Secondary Contact

Name _____ Relationship _____ Telephone _____ Telephone _____

Address _____
street city state zip

The undersigned acknowledge it is his/her responsibility to secure appropriate personal medical insurance and no such coverage is provided or implied by the Board of Regents of the University System of Georgia, Kennesaw State University, the Department of Student Life, or the Club Sports Program.

WHO IS YOUR HEALTH INSURANCE PROVIDER?

INSURANCE COMPANY _____ Policy # _____

SUBSCRIBER'S NAME _____ RELATIONSHIP _____

SIGNATURE _____ DATE _____