

NWIN NYI PARTICIPANT INSURANCE INFORMATION

Please staple a copy (front and back) of your student's insurance card/s to this form. If you do not have insurance, please fill out the "no insurance form" on the back of this form. Please print! In case of emergency, we need to be able to read the information you provide.
Thanks.

Participant Information			
Name	First:	Middle:	Last:
Address	Street:	City:	Zip:
Phone	Home:	Participant Cell:	Parent Cell:
Email	Parent/Guardian:		Participant:
Birthdate:	Grade:	Shirt Size:	Gender: Male ___ Female ___

Health Concerns		
Are there any health concerns of which we should be aware?		
Physical Disabilities Yes__ No __	Allergies to Medication/Food Yes__ No __	Serious Illness Yes__ No __
If you answered "Yes" to any of the above questions, please explain. You may write on the back of this page if you need more space.		
Doctor's Name:	Doctor's Phone:	Doctor's Address:
Immunizations up to date: Yes ___ No ___	Tetanus up to date: Yes ___ No ___	Please list any medications your student is currently taking:

Insurance Information	
Name of Health Insurance Company:	
Policy Number:	Phone Number:
Name of Responsible Party:	
Emergency Contact	
Name:	Relationship to Participant:
Phone Number:	Alternate Phone:
Student lives with (check all that apply): Father ___ Mother ___ Guardian ___ (Relationship to student _____)	

Photographs & Name: May we use your/your child's photograph and/or name in the areas listed below? Please circle			
Slide Shows: Yes No	Websites: Yes No	Brochures: Yes No	News Articles: Yes No

By signing below, I agree that this information is correct and that if any information on this form changes, I will inform the NWIN NYI of said changes. I, also, agree, by signing this NWIN NYI Student Insurance Information form, to give my permission to NWIN NYI to use my student's name and/or likeness in the areas of which I indicated above by circling "Yes".

Parent/Guardian/Participant Signature _____ Date _____

Printed Name _____

Parent/Guardian signature(s) is required for youth 17 years or younger