

# Rutgers University-Camden Student Athlete Insurance and Demographic Information

## Student Demographic Information

Athlete's Name	Sport	
D.O.B	Cell Phone #	
Home Address		
City	State	Zip
Home Phone #	School Phone #	
Emergency Contact	Relationship	
Emergency Phone #	Emergency Cell Phone #	

## Parent/Guardian Demographic Information

Mother/Guardian Name		
Address		
City	State	Zip
Phone #	Cell Phone #	
Employer	Employer Phone #	
Father/Guardian Name		
Address		
City	State	Zip
Phone #	Cell Phone #	
Employer	Employer Phone #	

**Primary Insurance Information: Include Front and Back Copy of Insurance Card**

Subscriber's name	Insurance Company
Group Number	Identification Number
Insurance Company Mailing Address	
Insurance Company Phone Number	
Primary Care Physician (PCP) Name	PCP Phone #
PCP Address	

**Denial of Insurance Coverage: Sign Only If You Do Not Have Any Personal Health Coverage**

I certify that I have no personal health insurance under parent, guardian, or self. I understand, should I obtain insurance, that is my obligation to notify the Department of Athletics and Recreational Services. Failure to provide information regarding health insurance may void coverage by the Rutgers University Athletic Department and leave me financially responsible for all medical bills.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Student Athlete Signature: All Student Athletes are Required to Sign This Section**

I certify that, to the best of me knowledge, the information I have provided is complete and correct. I will promptly inform the Department of Athletics and Recreational Services of any change of insurance or demographic information.

Signature \_\_\_\_\_

Date \_\_\_\_\_