

**WEST VIRGINIA UNIVERSITY
INTERCOLLEGIATE ATHLETICS
STUDENT-ATHLETE PARTICIPATION FORM**

Sport _____ Date _____
Athlete's Name _____ Date Entered WVU _____
Local Address _____ Date Of Birth _____
Athlete's Cell Phone # _____ Social Security # _____
Father's Name _____ Local Phone # _____
Father's Address _____ Mother's Name _____
Mother's Address _____
Father's Phone # _____ Mother's Phone # _____
Is Your Permanent Address With Father _____ Mother _____ Other _____
(If "Other", List Name, Address And Phone Number Of Person With Whom You Permanently Reside On The Back Of This Form.)

Primary Insurance Information

Insurance Company Name _____ Primary Physician Name _____
Insurance Company Address _____ Primary Physician Address _____
Effective Date Of Insurance _____ Primary Physician Phone # _____
Insurance Company Phone # _____ Policy Holder's Name _____
Employer Name _____ Policy Holder's SS# _____
Employer Address _____ Policy Holder's Birth Date _____
Policy ID # _____ Group # _____
Employer Phone # _____ Emergency Authorization Phone # _____

Secondary Insurance Information

Insurance Company Name _____ Effective Date _____
Insurance Company Address _____
Insurance Company Phone # _____ Policy Holder's Name _____
Employer Name _____ Policy Holder's SS # _____
Employer Address _____ Policy Holder's Birth Date _____
Policy ID # _____ Group # _____
Employer Phone # _____ Emergency Authorization Phone # _____

Does this primary/secondary insurance cover out-of-network medical claims? Yes No
Does this primary/secondary insurance require pre-authorization for medical services? Yes No
Pre-Authorization Phone #: Primary _____ Secondary _____
Have you purchased out-of network benefits for your student-athlete? Yes No

If you do not have insurance coverage, please fill out the top portion of this form with your parents employer information and return it with a signed affidavit.

Return To:
Randy Meador
Coordinator Of Athletic Training Services
West Virginia University
PO Box 0877
Morgantown, WV 26507-0877

Signature of Parent or Guardian