

Sport Club Athlete Emergency Information Form

Student First Name: _____ Student Last Name: _____

Student ID #: _____ Sport Club: _____

Phone Number: _____ CWU Email: _____

Emergency Contact Information

Emergency Contact Name: _____

Relation: _____

Emergency Contact Phone Number: _____

Medication Insurance Information

Medical Insurance Provider: _____

Policy Number: _____

Group Number: _____

By signing this form, I acknowledge that I have signed and submitted the required waiver.

Name (Print): _____ Signature: _____

Date: _____