

Wheeling Jesuit University
Department of Athletic Training

Name: _____ Date of Birth: _____

SS#: _____ Sport: _____

Home Address: _____

Home Phone: _____ E-mail: _____

Father's E-mail: _____ Mother's E-mail: _____

Name of Father/Guardian: _____ Birth date: ____/____/____

Father's Insurance Company: _____ Check one: Individual
Group

Insurance Co. Address: _____

Policy/Group #: _____ Preauthorization? _____

Effective Date of Policy: _____ Expiration Date: _____

Policy Limit: _____ Policy Deductible: _____

Does the policy cover athletically related injuries? _____

Employer's Name and City: _____

Name of Mother/Guardian: _____ Birth date: ____/____/____

Mother's Insurance Company: _____ Check one: Individual
Group

Insurance Co. Address: _____

Policy/Group #: _____ Preauthorization? _____

Effective Date of Policy: _____ Expiration Date: _____

Policy Limit: _____ Policy Deductible: _____

Does the policy cover athletically related injuries? _____

Employer's Name and City: _____

Please complete this form and return at your earliest convenience to:

Kim McManis, ATC
Wheeling Jesuit University
316 Washington Avenue
Wheeling, WV 26003