

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

Dave Dennis, ATC  
Wheeling Jesuit University  
316 Washington Avenue  
Wheeling, WV 26003