



WALLACE STATE
H A N C E V I L L E

Emergency Contact and Insurance Information Form

Name _____

Date of Birth _____ Sport _____

SSN _____ Academic Year _____

Parents/Guardians Name _____

Address _____

Home Phone _____ Cell _____ Work _____

Policy Holder Name and DOB _____

Relationship to Student-Athlete _____

Address _____ Home Phone _____

_____ Work Phone _____

Insurance Company Name _____

Insurance Company Address _____

Group # _____ I.D.# _____

Effective Date of Policy _____ Expiration Date of Policy _____

Policy Limit _____ Policy Deductible _____ Policy Co-Pay _____

Does this policy cover athletic-related injuries? _____

Parent/Guardian Signature

Date

Student/Athlete Signature

Date

This form must be completed and returned immediately to *Ms. Deborah Spann, Athletic Coordinator*. You should keep a copy of these documents for your records. **Please attach a copy of your insurance card.**

PO Box 2000
Hanceville, AL 35077