



**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