BELOIT COLLEGE STUDENT-ATHLETE ATHLETIC TRAINING INFORMATION

MUST BE FULLY COMPLETED BEFORE ALLOWED TO PARTICIPATE IN INTERCOLLEGIATE ATHLETICS

Please complete both sides thoroughly and include a front and back copy of insurance card

Return to: Andrew Wier (Head Athletic Trainer Beloit College)
Office phone: (608)363-2233
Email: wiera@beloit.edu
Fax: (608)363-2044

Verification of current material (sign only in presence of Certified Athletic Trainer)

_____ _____ _____ _____
Student Athlete (1st year) Date Student Athlete (3rd year) Date

_____ _____ _____ _____
Student Athlete (2nd year) Date Student Athlete (4th year) Date

EMERGENCY CONTACT INFORMATION

Athlete's full name_____ Birth date_____/_____/_____

Student Cell Number_____ Student ID Number_____

Parent/Guardian full name_____

Address_____ Zip code_____

City_____ State_____ Country_____ Home phone (_____) _____

Work Phone: Father (_____)_____ Mother (_____) _____

Cell Phone: Father (_____)_____ Mother (_____) _____

Primary Physician_____ Office Phone # (_____)_____