



Arkansas State University-
Jonesboro



Club Sport Name: _____ Semester / Year _____

Player Name: _____ International Student: Yes _____ No _____

ASU ID # _____ Cell Phone # _____

Email Address _____

Physical Address _____
Street City State Zip

Primary Emergency Contact Name: _____

Relationship: _____

Phone:

Home _____ Cell _____ Work _____

Secondary Emergency Contact Name _____

Relationship: _____

Phone:

Home: _____ Cell: _____ Work: _____

Insurance Information

Company Name: _____ Policy #: _____

Must provide front and back copy of valid insurance card with participant's name on it

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information – Allergies, medical conditions, etc.)

Signature: _____ Date: _____