



San José State
UNIVERSITY

Participant Form

Club Sports Program

Team: _____

Personal Information: COPY OF LICENSE & AUTO INSURANCE REQUIRED FOR DRIVERS

**Initial ONLY if you do NOT have auto insurance and you will NOT be driving for any Club Sports Activity _____*

Name: _____ <small>Last, First, Middle Initial</small>	Drivers License #: _____	Sex: _____ <small>M/F</small>
Birthday: ____/____/____ <small>M D Y</small>	Cell Phone: (____) _____	Other Phone: (____) _____
Email: _____	Perm. Address: _____ <small>Nbr. Street Apt #</small>	
Car Insurance Name: _____		
Phone: _____	<small>City State Zip</small>	
Policy #: _____	License Plate #: _____	Tower ID# _____

Medical History: Your signature below authorizes the Club Sports Program to release your current personal medical information, to emergency or other medical providers, if needed in the event of an emergency.

(Signature _____ Guardian signature _____ for participants under 18)

Prescription Medication: _____
Allergies (Meds & Others): _____
Previous Injuries: _____
Do you have a medical condition requiring care? _____ (If yes, please explain below and provide a Doctor's release)

Are you receiving treatments for any current injuries? _____ (If yes, please explain below and provide a Doctor's release)

Emergency Contacts:

Name: _____	Relationship _____
Phone: _____	
Name: _____	Relationship _____
Phone: _____	

Health Insurance: COPY OF INSURANCE CARD REQUIRED

Company Name: _____	Subscriber Name: _____
Company Contact #: _____	Relationship: _____
Group #: _____	Subscriber ID #: _____
	Subscriber's Employer: _____

** If any changes are made to your personal information it is your required responsibility to inform us and make the necessary changes.*