

Form G: Club Sports Medical Information and Release Form

Club Name _____

Participant's Name: _____ Date of Birth: _____

Current Status: Student Graduate Student Faculty/Staff

CPO: _____ Telephone number: (____) _____ Student ID #: _____

Permanent Address: _____

I. Emergency Contact Information

Contact Name: _____ Relationship to participant: _____

Telephone-Daytime: (____) _____ Nighttime: (____) _____

II. Medical/Hospitalization Insurance Coverage Information

Relevant emergency medical information (asthma, allergies to medication, previous history of seizures, heart or kidney disease, etc.):

Please check all that apply:

- I am subscribed to the Wheaton College Student Health Insurance Policy.
- I have coverage through my parents' health insurance or a personal health insurance policy. If so, please answer the following:
- Name of Agency providing coverage: _____
- Policy number: _____
- Dates for which coverage is provided: From _____ to _____
- Are you sure it covers you out of your home state and/or out of Illinois?
- Yes No

By signing below, I verify that: a) I have no physical impairments that might put myself or others in danger by my participation in club sports activities; b) I will abide by all College and applicable club sports regulations regarding my participation; and c) if I become injured in the course of my participation, and am unable to seek treatment for myself, I hereby give permission for emergency medical treatment to be sought for me by representatives of Wheaton College.

(Signature of Participant)

Date Signed

(Signature of Parent/Guardian if Participant is a minor)

Date Signed