

PERSONAL INFORMATION		
Last Name:	First Name, MI:	Date of Birth:
Student ID #:	Sport/s:	Returning CCC Athlete?
I identify my gender as:	Student Mailing Address:	
Student cell phone:	City:	State: Zip:
Parent/Guardian Names 1. 2.	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Cell and/or Home Phone Numbers; 1. 2.
Guardian/Permanent Street Address:		City: State/Zip:
Emergency Contact Name:	Relationship (i.e Mother):	Emergency Contact Phone #:

PRIMARY HEALTH INSURANCE INFORMATION		
Health Insurance Company Name:	Policy/ MRN /Member #:	Group #:
Insurance Company Address City/State/Zip:		Insurance Company Phone #:
Type of Insurance: <input type="checkbox"/> HMO <input type="checkbox"/> PPO	Subscriber Name (if not "Self") and #:	Physician Name and #

Check box/s (if applicable):

☐ I have no primary health insurance
 ☐ I have no dental insurance

DENTAL INSURANCE INFORMATION (if applicable)		
Dental Health Insurance Company:	Policy #:	Dentist Name and #:

Known Allergies:	<input type="checkbox"/> Penicillin	Known Conditions:	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Bees/Bee Stings		<input type="checkbox"/> Epilepsy
	<input type="checkbox"/> Latex		<input type="checkbox"/> Asthma
	<input type="checkbox"/> Nut/Tree Nuts		<input type="checkbox"/> Heart Condition
			<input type="checkbox"/> Missing Organ
			<input type="checkbox"/> Sickle Cell

Do you wear: _____ Contacts _____ Glasses

Do you regularly take prescription medications? (if yes, explain what/why) _____

I do consent that should I require medical care or treatment, due to my participation in any intercollegiate sport that permission is hereby given to perform any and all of the medical care and treatment that is reasonably necessary for my health and safety.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____