

Calvin College
Insurance and Emergency Contact Form

Student-Athlete Name _____	
Date of Birth _____	Sport _____
SSN _____	Academic Year _____

Parent/Guardian Names _____
(Mother) (Father)

Home Address _____
Campus Address _____

Home Phone _____ Parent/Guardian Work Phone _____

Emergency Contact (other than parents/guardians) – to be contacted in the event of an emergency when parents are unreachable

Name _____ Phone _____



Insurance Information

Name of Policy Holder _____

Relationship to Student-Athlete _____

Address and Home Phone (if different from above) _____

Insurance Company Name _____

Policy # _____ Group # _____

Effective Date _____ Expiration Date _____

Is this policy an HMO or PPO? Yes No (If yes, circle which one)



I attest that the above information is accurate and that I have read and agree to comply with the provisions of the Acknowledgement of Insurance Requirements.

Parent/Guardian Signature and Date

Student-Athlete Signature and Date

This form must be completed and returned by August 7, 2007.

Use enclosed SASE or return to:

Jenny Toonstra, MA, ATC
Head Athletic Trainer
3195 Knight Way SE
Grand Rapids, MI 49546