



NJCAA

PARTICIPANT INFORMATION Century College

This information is being collected for school officials to use in case of emergency to notify personal contacts and medical providers; it will be maintained by Century College as a private education record.

Name: _____

Student ID Number: _____

Local Address: _____

Permanent Address: _____

E-mail Address: _____

Local Phone: _____

Permanent Phone: _____

Health Insurance Information

Company Name: _____

Student ID Number: _____

Group #: _____

Subscriber #: _____

Name of Person Your are Insured Through: _____

Other Insurance (if any): _____

Medical History and Emergency Contact Information

Name & Number of Emergency Contact: _____

Name & Number of Physician: _____

Prescription Medication: _____

Please describe any medical conditions requiring care: _____

Signature of policy holder verifying that the medical insurance listed above covers intercollegiate athletics

_____ Date