

USA CLUB SPORTS PERSONAL INFORMATION FORM (please print all information)

(ALL BOXES MUST BE FILLED IN)

Name of Club Sport

Name JAG # J00

Mailing Address

E-mail Address

Home Phone Cell Phone

Date of Birth Classification: Freshman Sophomore Junior Senior Graduate Other

Emergency Contact

Relation Phone #

Health Insurance: Primary Insurance Company

Policy Number Name of Policy Holder

NOTE TO PARENT/GUARDIAN AND PARTICIPANT: I understand that health insurance and a physical examination **is required** for all participants in all sports clubs involving physical contact; health insurance and a physical examination **is encouraged** for all other sports club members. Individuals participating in this club do so on a voluntary basis and at their own risk. I further understand that any medical expenses resulting from an accidental injury while participating in a scheduled university sports club activity will not be paid for by USA. Furthermore, I hereby grant permission to the attending physician or certified athletic trainer or professional personnel designated by USA to administer any preventative, first aid or emergency treatments that he/she deem reasonably necessary to my health and well-being. I further authorize emergency medical treatment and transportation to advanced care should the need arise for such treatment while he/she is under the supervision of the school.

If the participant or parent/guardian (if under 19 years of age) agrees to the above conditions, please sign

IF YOU INTEND TO DRIVE OTHER STUDENTS TO AN EVENT SPONSORED BY U.S.A., YOU MUST COMPLETE ALL OF THE FOLLOWING:

Auto Insurance: Insurance Company Policy Expires

Policy Number Name of Policy Holder

Personal Vehicle Release Agreement:

I, from the Club hereby certify that I understand and agree that the University of South Alabama and Campus Recreation are not responsible for transporting students to events sponsored by USA. I further agree that if I utilize a private vehicle to transport fellow students and/or USA staff members to such events, I will have in effect at the time a policy of automobile insurance providing the **MINIMUM COVERAGE REQUIRED BY THE STATE OF ALABAMA**. I further understand that I will observe all laws, rules, regulations, and ordinances relating to the operation of motor vehicles. I also understand that in the event of damage to my personal vehicle or vehicles of other involved parties, my personal insurance coverage applies. I verify that the vehicle in use is adequate for the work to be performed and is equipped with one seat belt per passenger and is in safe mechanical condition. It is the responsibility of the participant to **COPY THEIR LICENSE AND PROOF OF INSURANCE AND ATTACH IT TO THIS FORM.**