

NDSCS ATHLETE INFORMATION
SPORTS PARTICIPATION IN: _____

Personal Information:

Please Print

NAME: (Last) _____ (First) _____ (MI) _____ (Maiden) _____

SS # : _____ NAID # : _____ BIRTH DATE: _____ AGE: _____

COLLEGE PHONE: _____ STUDENT CELL # : _____ **E-MAIL ADDRESS** _____

LOCAL ADDRESS: (Street, City, State, Zip) _____

COLLEGE ADDRESS: _____

PARENT/GUARDIAN NAME(s): _____

PARENT/GUARDIAN ADDRESS: (Street, City, State, Zip) _____

PARENT/GUARDIAN ADDRESS IF DIFFERENT FROM ABOVE: _____

PARENT/GUARDIAN PHONE #: _____ WORK #: _____

CELL #: _____

FAMILY DOCTOR: _____ PHONE #: _____

DOCTOR ADDRESS: _____

SEND PHOTOCOPY OF FRONT AND BACK OF INSURANCE CARD(S):

The Conference requires that each athlete carry his or her own health insurance. You will NOT be allowed to participate without proof of coverage. North Dakota State College of Science, the NDSCS Athletic Department, and coaches are not responsible for coverage of injuries as a result of participation in an athletic program.

Do you or your parents/guardians have health insurance? _____ YES _____ NO

Insurance Co. Name: _____ Policy #: _____

Address of Co. : _____

Phone #'s on back of card: _____ Group #: _____

If there are two carriers, who is primary: _____ FATHER _____ MOTHER

SPORTS INFORMATION:

High School Graduate of: _____ Year: _____

Hometown Newspaper Name & Address: _____

Major Enrolled in at NDSCS: _____ Year: _____ 1st _____ 2nd