

**WESTMINSTER**



**ATHLETIC  
TRAINING**

*Travel/Emergency Contact Form*

Name \_\_\_\_\_ Sport(s) \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_  
Local Address \_\_\_\_\_ Local Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Circle if Apply: Heart Murmur Diabetes Epilepsy Contacts Retainer Asthma  
Other Medical Conditions \_\_\_\_\_

*Insurance Information*

Primary Health Insurance Carrier \_\_\_\_\_  
Primary Policy Holder \_\_\_\_\_  
Member ID/Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_  
Insurance Company Phone # \_\_\_\_\_

*Insurance Card Copy*

**Front of Card**

**Back of Card**