



# NJCAA

## PARTICIPANT INFORMATION Lake Superior 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 Lake Superior 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

Return student athlete materials to:

Linda Kingston, Athletic Director  
2101 Trinity Road  
Duluth, MN 55811

218-733-7637  
linda.kingston@lsc.edu