

Date: _____ / _____ / _____
mm dd yyyy

Member Name

Club Sport

Flashline ID (before @kent.edu)

Alternate E-mail Address

_____/_____/_____
Date of Birth (mm/dd/yyyy)

Campus Address

(_____) _____
Phone Number

Who to notify in Case of Emergency?

Name

Relationship

Address

City/State, Zip Code

(_____) _____
Cell Phone Number

(_____) _____
Home Phone Number

(_____) _____
Work Phone Number

Insurance Information

Policyholder Name

Relationship to Club Member

Insurance Company

Policy #

Group #

Expiration Date

General Information (circle or explain)

Disclosure of the following information is voluntary, but helpful in providing medical care if necessary.

Y N Do you wear contact lenses, do you wear them during competition? Type of lenses: Hard or Soft (circle one)

Y N Do you have any allergies? If YES, please list below:

Y N Are you taking any prescribed medications regularly? If YES, please list below:

Y N Do you have any respiratory problems? If YES, please list below:

Y N Have you ever suffered a head injury? Y N If Yes, was it severe enough to see a doctor?

Y N Do you have any medical problems or history of injury that would be important for us to know? (e.g. diabetes, high blood pressure, epilepsy, dislocated shoulder, injured knee, etc.)