

NWI Eagles FC

HEALTH INSURANCE RECORD AND AUTHORIZATION

I, _____, the parent or guardian of
_____ (player name), hereby represent to NWI

Eagles FC, its manager, and coaches that there is currently in effect a policy of insurance
which provides healthcare coverage for the above-named player with the following insurer:

Name of Insurer: _____ Policy/Group Number: _____

Name of Policy Holder (primary insured): _____

Insurer Contact Telephone Number: _____

I have attached to this form copies of both sides of any insurance card for the above-listed insurance coverage. I understand and acknowledge that it is important to maintain accurate information about health insurance coverage for the aforementioned athlete with NWI Eagles FC. I will promptly inform NWI Eagles FC in the event that any of the information shown above changes or is no longer accurate.

As parent or guardian of the above-named player, I hereby authorize NWI Eagles FC, its manager, and coaches to seek medical care for the above-named player in the event of injury or emergency, and to provide the above-listed insurance information to health care providers in such an event.

Name of Parent or Guardian – Sign and Print

Date