

Monroe Select Basketball Club

Insurance Information Form

Player Name: _____

Insurance Information

Insurance Carrier: _____

Policy #: _____

Primary Policy Holder: _____

ID#: _____

In case of emergency, contact: _____

Name (other than parent or guardian)

Relationship

Work Phone: _____

Home Phone: _____

If your insurance carrier requires a phone call prior to treatment or hospital admission, please provide that phone number and/or point of contact: _____