

**Emmanuel College
Individual Student Athlete Enrollment Form
2011/2012 School Year
Policy # 2011M3B28**

Athlete's Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **City:** _____ **Zip:** _____

Gender: ___ Male ___ Female **D.O.B:** ___/___/____ **ST ID#:** _____

Phone Number: _____ **Email Address:** _____

Please mark an "X" next to the sport to be covered:

Sport

Premium: \$600 per individual

Baseball **Basketball**

Cheerleading **Cross-Country**

Golf **Soccer**

Softball **Tennis**

Track **Volleyball**

Coverage is effective not earlier than August 1st or the day after the enrollment form has been received by the Athletic Department. The Athletic Policy expires at 12:01 a.m. on August 1, 2012.

Signature of Athlete: _____ **Date:** _____

Received by (Athletic Representative):

Printed Name: _____ **Date:** _____

Signature: _____ **Date:** _____