

## SUMMER DANCE LAB

Whitman College

Walla Walla, WA 99362 (509)527-5796 fax (509)526-4744  
sdl@whitman.edu www.whitman.edu/summer\_dance

### 2009 MEDICAL INSURANCE AND EMERGENCY CONTACT INFORMATION

Student Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_

Parent's Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone number: (\_\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

**A photocopy of BOTH SIDES of your insurance card MUST be attached to this form  
when you return it.**

Policy Number: \_\_\_\_\_ Student's number: \_\_\_\_\_

Name of subscriber: \_\_\_\_\_

Subscriber date of birth: \_\_\_\_\_

**Student will not be permitted to participate in dance activities without proof of insurance  
or signed statement of uninsured financial responsibility below.**

If you do NOT carry insurance please sign below: "I will be responsible for any bills incurred for student  
listed above and will pay directly the doctor, hospital, clinic, and/or pharmacy used in treatment."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian Signature)