



2017-18 UNIVERSITY OF KENTUCKY STUDENT-ATHLETE INFORMATION FORM

PERSONAL INFORMATION:

FULL NAME		SPORT	
	<i>First</i> <i>Middle</i> <i>Last</i>		
SOCIAL SECURITY #		UKID#	
BIRTH DATE:		SEX	M F
		MRN#	

STUDENT CAMPUS / LEXINGTON ADDRESS INFORMATION

Lexington Address _____ Room / Apt. _____

E-mail Address _____ Cell Phone (____) _____

HOME TOWN (PERMANENT) ADDRESS INFORMATION

Street Address _____

City _____ State _____ Zip Code _____ COUNTRY _____

CONTACT 1	Dad • Mom • Guardian (circle one)	(Name) _____
Check One →	<input type="checkbox"/> Live With	<input type="checkbox"/> Do Not Live With
	Home Phone _____	Cell / Work Phone _____
	Email Address: _____	

CONTACT 2	Dad • Mom • Guardian (circle one)	(Name) _____
Check One →	<input type="checkbox"/> Live With	<input type="checkbox"/> Do Not Live With
	Home Phone _____	Cell / Work Phone _____
	Email Address: _____	

EMERGENCY INFORMATION (list person OTHER than parent/guardian)

Name _____ Relationship _____

Phone: Home (____) _____ Cell (____) _____

INSURANCE INFORMATION

Circle insurance coverage: *please circle all that apply*

MEDICAL
 DENTAL
 VISION
 PRESCRIPTION
 NO INSURANCE COVERAGE