

ACTIVITY INFORMATION FORM FOR NIRSA ACCIDENT INSURANCE PROGRAMS SPORT CLUBS

NAME OF SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME (Please Print) _____ EMAIL ADDRESS _____

TELEPHONE _____ FAX _____

TITLE OR POSITION _____ DATE _____

SPORTS ACTIVITY	#PARTICIPANTS			#PARTICIPANTS	
	MALE	FEMALE		MALE	FEMALE
Rodeo	_____	_____	Fencing	_____	_____
Tackle Football	_____	_____	Rowing/Crew	_____	_____
Rugby	_____	_____	Sailing	_____	_____
Flag/Touch Football	_____	_____	Archery	_____	_____
Ice Hockey	_____	_____	Riflery	_____	_____
Lacrosse	_____	_____	Bowling	_____	_____
Wrestling	_____	_____	Volleyball	_____	_____
Gymnastics	_____	_____	Badminton	_____	_____
Swimming	_____	_____	Equestrian	_____	_____
Diving	_____	_____	Weight Lifting	_____	_____
Outdoor/Hiking	_____	_____	Field Hockey	_____	_____
Mtn.Biking & Kayaking	_____	_____	Cycling	_____	_____
Skiing	_____	_____	Frisbee	_____	_____
Snowboarding	_____	_____	Student Managers	_____	_____
Martial Arts	_____	_____	Student Trainers	_____	_____
Soccer	_____	_____	Student Coaches	_____	_____
Ultimate Frisbee	_____	_____	Cheerleaders	_____	_____
Ultimate Disc	_____	_____	Dance	_____	_____
Flag/Touch Football	_____	_____	Other	_____	_____
(NIRSA Rules)	_____	_____	Other	_____	_____
Judo/Karate	_____	_____	Other	_____	_____
Basketball	_____	_____	Other	_____	_____
Baseball	_____	_____			
Softball	_____	_____			
Track & Field	_____	_____			
Squash	_____	_____			
Racquetball	_____	_____			
Water Polo	_____	_____			
Cross Country	_____	_____			
Tennis	_____	_____			
Table Tennis	_____	_____			
Golf	_____	_____			

Please check programs you would like quoted.

Basic Accident Medical _____

Deductibles:
 _____ \$250 _____ \$500
 _____ \$1,000 _____ \$2,500

Catastrophic Injury Insurance _____

NIRSA Insurance
 Summit America Insurance Services, L.C.
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