

**ACTIVITY INFORMATION FORM FOR NIRSA ACCIDENT INSURANCE PROGRAMS
INTRAMURAL SPORTS**

NAME OF SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME (Please Print) _____ EMAIL ADDRESS _____

TELEPHONE _____ FAX _____

TITLE OR POSITION _____ DATE _____

SPORTS ACTIVITY	#PARTICIPANTS	
	MALE	FEMALE
Nordic Skiing	_____	_____
Alpine Skiing	_____	_____
Diving	_____	_____
Ice Hockey	_____	_____
Gymnastics	_____	_____
Lacrosse	_____	_____
Rugby	_____	_____
Wrestling	_____	_____
Baseball	_____	_____
Softball	_____	_____
Basketball	_____	_____
Handball	_____	_____
Racquetball	_____	_____
Squash	_____	_____
Martial Arts	_____	_____
Roller Hockey	_____	_____
Soccer	_____	_____
Flag/Touch Football	_____	_____
Volleyball	_____	_____
Flag/Touch Football (NIRSA Rules)	_____	_____
Tennis	_____	_____
Track & Field	_____	_____
Bowling	_____	_____
Other _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check programs
you would like quoted.

Basic Accident Medical _____

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

Catastrophic Injury Insurance _____