

# 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 \_\_\_\_\_