# VARSITY HEALTH INSURANCE REGISTRATION FORM

**Personal Contact Information**

**Name**: _____ **PHN**: ___ ___ ___ ___ ___ - ___ ___ ___ ___ (____)
Surname Given Name Middle Personal Health Number Province

**Address**: _____ **City**: _____ **Prov**: _____

**Postal Code**: _____ **email address**: _____

**Phone**: cell ( ) _____ - _____ home ( ) _____ - _____

**Date of Birth**: _____ /_____ /____ **Age: ____** **Gender:** M F
Year Mon Day

**Varsity Team: _____** **Eligibility Year (circle): 1 2 3 4 5**

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**YOU MUST COMPLETE THE FOLLOWING SUPPLEMENTAL HEALTH/DENTAL INSURANCE INFORMATION:**

☐ I do not have private insurance

**Insurance Company:**_____

**Plan/ID/Employee/Group #s:**_____

**Plan Holder:** _____
Name Relation

**Does your plan cover any of the following (please circle):** Physiotherapy Massage

**Amount($) or % covered per therapy visit:**_____ **Total ($) Coverage for Dental:**_____

**Total policy Coverage For Physiotherapy:** _____

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**Emergency Contact Information**

**Emergency Contact** _____**Phone: (___)**____-_____
Name Relation

**Family Physician:** _____**Phone: (___)**____-_____

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**Patient Advisement of Purpose of Collection of Health Information**

Please be advised the registration information collected will be used for creating a patient file and billing purposes. The information is being collected under the authority of sections 20(b) and 21(1) the *Health Information Act*. The *Health Information Act* provides for sharing of patient information between Varsity Health Providers when said sharing contributes to the continuing care and treatment of the patient. If you have any questions about the collection and use of your personal/health information, please contact Univeristy of Alberta - Augustana Campus Varsity Athletics. Your signature below indicates you understand and comply with the above statements.

**Missed appointments and short notice cancellations result in inefficient use of Healthcare Provider resources. The clinic will maintain a "one miss only" policy.**

Patient Signature: _____Print Name: _____ Date: _____
If under 18 years of age, must be signed by parent/guardian

**University of Alberta - Augustana Vikings Varisty Athletics**
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