

Marquette University Club Sports Department of Recreational Sports

INFORMATION SHEET

PLEASE PRINT

Name _____

Campus Address _____

Campus Phone _____

Date of Birth _____ Student ID _____

Academic Standing: Freshman _____ Sophomore _____ Junior _____ Senior _____

Club Sports you plan to participate in: _____

Parent/Guardian name _____

Parent Guardian address _____

Parent/Guardian phone _____

**NOTE: TO PARTICIPATE IN CLUB SPORT ACTIVITIES, ALL STUDENTS
MUST HAVE HEALTH INSURANCE COVERAGE.**

Name of insurance company _____

Policy Number _____

In case of emergency contact:

Name _____ Phone _____

Nature of Relationship _____



RECREATIONAL
SPORTS