

***TCU Student- Athlete Fact Sheet***

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_  
Gender:        M        F        Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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TCU Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_  
City / State / Zip Code: \_\_\_\_\_ City / State / Zip Code: \_\_\_\_\_

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TCU / Cell Phone #: \_\_\_\_\_ Permanent #: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's Business Phone Number: \_\_\_\_\_  
Father's Work Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Mother's Daytime Phone Number: \_\_\_\_\_  
Mother's Work Address: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_  
Alternate Daytime Phone Number: \_\_\_\_\_  
Alternate Work Address: \_\_\_\_\_

**Will you be covered under the TCU Health Center / International Student's Insurance Policy? Y N**

**(\*NOTE- If you are not going to be covered under the TCU Health Center Policy, you will have to provide a insurance card for the Athletic Department to make a copy for your medical records before you will be cleared to train or compete for TCU)**

**Are you covered under any dental insurance / HMO to provide any dental coverage? Y N**