

## ACTIVITY INFORMATION FORM FOR NIRSA ACCIDENT INSURANCE PROGRAMS SPORT CLUBS

NAME OF SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BY (Please Print) \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

TITLE OR POSITION \_\_\_\_\_ DATE \_\_\_\_\_

SPORTS ACTIVITY	#PLAYERS		TOTAL
	MALE	FEMALE	
Tackle Football	_____	_____	_____
Flag/Touch Football	_____	_____	_____
Ice Hockey	_____	_____	_____
Martial Arts	_____	_____	_____
Lacrosse	_____	_____	_____
Alpine Skiing	_____	_____	_____
Nordic Skiing	_____	_____	_____
Soccer	_____	_____	_____
Wrestling	_____	_____	_____
Rodeo	_____	_____	_____
Rugby	_____	_____	_____
Basketball	_____	_____	_____
Gymnastics	_____	_____	_____
Baseball	_____	_____	_____
Softball	_____	_____	_____
Track & Field	_____	_____	_____
Water Polo	_____	_____	_____
Racquetball	_____	_____	_____
Squash	_____	_____	_____
Handball	_____	_____	_____
Bowling	_____	_____	_____
Badminton	_____	_____	_____
Equestrian	_____	_____	_____
Rifle/Pistol	_____	_____	_____
Sailing	_____	_____	_____
Table Tennis	_____	_____	_____
Ultimate Frisbee	_____	_____	_____
Volleyball	_____	_____	_____
Weightlifting	_____	_____	_____
Flag/Touch Football (NIRSA Rules)	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check programs  
you would like quoted.

Basic Accident Medical \_\_\_\_\_

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

Catastrophic Injury Insurance \_\_\_\_\_

### NIRSA Insurance

A Division of Summit America Insurance Services  
 2180 South 1300 East, Suite 520 • Salt Lake City, UT 84106  
 Phone: 801/412-2626 Fax: 801/412-2625