

# George Mason University Club Sports

## PERSONAL/FAMILY INSURANCE INFORMATION

Student-Athlete	
Name: _____	
(Last, First, Middle)	(Nickname)
Sport: Men's _____ Women's _____	
Date of Birth: Mo _____ Day _____ Year _____ Age: _____	
Social Security Number _____	
Student I.D. # (if different from SSN) _____	

Class status at GMU:

Freshman    Sophomore                      Junior                      Senior

PERMANENT ADDRESS	HEALTH INSURANCE
Street: _____	Company: _____
City: _____	Street: _____
St: _____ Zip: _____	City: _____
Phone: _____ E-Mail: _____	St: _____ Zip: _____
	Phone: _____
	Policy Issued to: _____
	Policyholder's Social Security No: _____
	Group No: _____ Policy No: _____

FATHER'S NAME & ADDRESS	MOTHER'S NAME & ADDRESS
Name: _____	Name: _____
Street: _____	Street: _____
City: _____ St: _____ Zip: _____	City: _____ St: _____ Zip: _____
Phone: _____	Phone: _____
Employer: _____ Phone: _____	Employer: _____ Phone: _____

LEGAL GUARDIAN (Complete only if applicable)	EMERGENCY CONTACT NAME & PHONE (other than number listed above)
Name: _____	Name: _____
Street: _____	Relationship: _____
City: _____ St: _____ Zip: _____	
Phone: _____	Home Phone: _____ Work Phone: _____
Employer: _____ Phone: _____	

I certify that I carry health insurance coverage for this athlete.

Signature of Parent/Policyholder

Date