

**George Mason University
Club, Intramural and Recreation 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 9 Sophomore 9 Junior 9 Senior9

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