

PARENTS/GUARDIAN TO COMPLETE AND RETURN TO:

MARTIN METHODIST COLLEGE  
433 W. MADISON ST  
PULASKI, TN 38478

ATHLETE'S NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SPORT \_\_\_\_\_

**PLEASE INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD WITH THIS FORM**

FATHER/GUARDIAN: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

**PRIMARY INSURANCE**

**SECONDARY INSURANCE**

POLICY HOLDER: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
GROUP NUMBER: \_\_\_\_\_  
INSURANCE CO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
GROUP NUMBER: \_\_\_\_\_  
INSURANCE CO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

THE FOLLOWING AUTHORIZATION MUST BE SIGNED BEFORE A CLAIM CAN BE FILED WITH OUR INSURANCE CARRIER:

\_\_\_\_\_ I hereby authorize claims to be filed in my behalf for the athletic injury sustained by \_\_\_\_\_ (dependent) under the above medical policy.

\_\_\_\_\_ My son/daughter is not covered under my personal health insurance.

\_\_\_\_\_, the undersigned, do hereby agree and give my consent for Martin Methodist College Department of Sports Medicine or its designates to furnish medical care and treatment to my son/daughter as considered necessary and proper in diagnosing or treating their physical condition. Further, I hereby authorize the Martin Methodist College Department of Sports Medicine and its representatives to inspect or secure copies of case history, laboratory reports, diagnosis, x-rays, and any other data in relation to this medical claim. This authorization may be photocopied and any photocopies should be deemed as valid and applicable as the original.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date Signed