

Parent Information

Year: _____

Parent/Guardian to complete and return to:

**Athletic Director
John Wood Community College
1301 South 48th Street
Quincy, IL 62305**

Failure to complete all blanks will result in claims processing delays.

NOTE: Complete all blanks. If information is not applicable, indicate the reason it is not (i.e. deceased, divorced, unknown.)

I. Name of Athlete: _____ Sport: _____
Social Security #: _____ Date of Birth: _____
Local Address: _____ Local Phone: _____
City: _____ State: _____ Zip: _____
Parents' Address: _____ Parents' Phone: _____
City: _____ State: _____ Zip: _____

II. Father/Guardian: _____ Mother/Guardian: _____
Social Security #: _____ Social Security #: _____
Address: _____ Address: _____

III. Father's Employer: _____ Mother's Employer: _____
Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

IV. Medical Insurance Medical Insurance
Company/Plan: _____ Company/Plan: _____
Address: _____ Address: _____

Policy #: _____ Policy #: _____
Phone: _____ Phone: _____

Is the company or play listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)? Yes _____ No _____

Parent's Signature: _____ Date: _____

Athlete's Signature: _____ Date: _____