

PARENTS/GUARDIANS TO COMPLETE AND RETURN TO:

ATTN: ATHLETIC DIRECTOR
FREED-HARDEMAN UNIVERSITY
158 EAST MAIN STREET
HENDERSON, TN 38340

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.

Name of Athlete: _____ Sport: _____

Birth Date: _____

Classification: Fr So Jr Sr (circle one)

College Address: _____ Phone: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Father/Guardian: _____ Mother/Guardian: _____

Address: _____ Address: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Medical Insurance Co.: _____ Medical Insurance Co.: _____

Address: _____ Address: _____

Policy Number: _____ Policy Number: _____

Phone: _____ Phone: _____

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

Does your insurance or plan require a second opinion before surgery? Yes ___ No ___

We authorize Freed-Hardeman College or its insurance agent to pay the medical vendors directly for any bills
incurred from intercollegiate athletic accidents.

**It is a crime to knowingly provide false, incomplete or misleading information to an insurance
company for the purpose of defrauding the company. Penalties include imprisonment, fines and
denial of insurance benefits.**

Student's Signature _____

Parent's Signature _____