



2007

**NATIONAL YOUTH SPORTS PROGRAM
MOREHOUSE COLLEGE
ATLANTA, GEORGIA**

INSURANCE QUESTIONNAIRE

Child's Last Name First Name MI Social Security Number

Father's Information

Mother's Information

Last Name First

Last Name First

Social Security Number

Social Security Number

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Employer's Name

Employer's Name

**Do you have group accident or hospital insurance to cover this child? YES or NO
(circle)**

Name of Insurance Provider and Policy number

If you have medical insurance coverage and your son/daughter is covered or partially covered due to policy limitations, please explain in the space below.

I/WE agree that all information provided in this document is accurate and complete to the best of my/our knowledge. I/WE understand that any incorrect or undisclosed information can result in duplicate payments creating a substantial overpayment. The responsibility of the overpayment will be the obligation of the undersigned to reimburse in full, upon request, all amounts deemed refundable.

Father/Mother/Guardian

Date