

# **Insurance:**

Please complete and return with physical packet. Even if you have no private insurance, signatures at the bottom are required. – Thank you!!

## **Section A:**

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Sport/Inter-Scholastic Activity: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

## **Section B:**

Parent's Insurance Carrier: \_\_\_\_\_

Group or Policy Number: \_\_\_\_\_

Parent/Guardian's Employer: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Section B2:**

I do not have any other insurance either through my employer or privately, nor am I receiving medical assistance that would pay for any injury my child would incur as a result of participation in the inter-scholastic sports program sponsored by the Susquehanna Community School District.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Section C:**

This is to certify that I have read and do understand the information on the reverse side of this form regarding the Insurance Program provided by the SCSD for the inter-scholastic sports program. Under penalty of law, all the information provided by me on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: Must be signed by both insured and non-insured.**