

Insurance Information on Athletes

Student's Name: _____

Date of Birth: _____ Sex: M / F

Address: _____

Insurance Company: _____

Address: _____

Certificate Number: _____

Group: _____ Type: _____

Policy Holder: _____

Relationship to Athlete: _____

Employer of Policy Holder: _____

Date: _____ Parent's Signature: _____

This form should be filled out and kept on file.

A completed copy should be brought to all races which involve traveling.