

ATHLETE'S NAME: _____ SPORT: _____

HOME PHONE: _____ GRADE: _____

INSURANCE RELEASE

I will not hold East Noble High School authorities responsible in case of an athletic accident or injury as a result of this participation.

This is to certify that my son/daughter _____ has family
(full name)
insurance through:

Insurance Company _____

Policy # _____

If you do NOT have coverage, you MUST take our school insurance. Please indicate your choice below.

_____ 1. We have insurance coverage and do not wish to take out school athletic insurance.

_____ 2. We have no insurance and want school athletic insurance.

_____ 3. We have our own insurance but would also like to take out school athletic insurance.

Family Physician _____ Physician's Phone # _____

PARENT/GUARDIAN SIGNATURE _____

THIS PAGE MUST BE RETURNED COMPLETE WITH PARENT/GUARDIAN SIGNATURE AND PAYMENT IF ATHLETIC INSURANCE IS SELECTED. Payment is due at the beginning of each season:

Football	\$45.00	Track	\$35.00
Basketball	\$35.00	Golf	\$35.00
Wrestling	\$35.00	Tennis	\$35.00
Baseball	\$35.00	Gymnastics	\$35.00
Swimming	\$35.00	Softball	\$35.00
Volleyball	\$35.00	Cross Country	\$35.00
Soccer	\$35.00	Cheerleading	\$35.00