

Private Insurance Form

Please complete and sign one of the Area's in section B

Section A:

Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

Phone: _____ Sport/Interscholastic 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 interscholastic sports program sponsored by the Susquehanna Community School District.

Signature: _____ Date: ____/____/____