

PLEASE COMPLETE AND RETURN TO:

Mrs. Tiffanie Wolf
Susquehanna Community High School
3192 Turnpike Street
Susquehanna, PA 18847

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 SCS D 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.

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