

**UTICA JUNIOR/SENIOR HIGH SCHOOL  
ATHLETIC INSURANCE FORM**

1. \_\_\_\_\_ We, the parents or guardian of \_\_\_\_\_ hereby attest that the named student-athlete is covered by an accident insurance policy during his/her participation in the interscholastic athletic program at Utica Junior/Senior High School for the 2007-2008 school year. The policy, which we have obtained privately, is with \_\_\_\_\_.

2. \_\_\_\_\_ Our son/daughter, \_\_\_\_\_, has purchased the school insurance to cover the expenses incurred from any injury he/she might incur while participating in the interscholastic athletic program at Utica Junior/Senior High School during the 2007-2008 school year. The policy was purchased with check number \_\_\_\_\_ and mailed on \_\_\_\_\_. (Please mark the applicable plan(s) purchased.)

**ACCIDENT ONLY**

\_\_\_\_\_ School time Plan **(includes football for grades 7,8,9)**

\_\_\_\_\_ Around-the Clock Plan

\_\_\_\_\_ Football (grades 10,11,12)

\_\_\_\_\_ Optional Extended Dental

\_\_\_\_\_ ACCIDENT AND SICKNESS

All premium rates and coverage's are listed in the Student Accident Insurance brochure

**PLEASE CHECK THE APPROPRIATE NUMBER (S) AND RETURN TO THE REPRESENTATIVE COACH IN EACH SPORT.**

Thank you for your cooperation.

Signature of Parent/Guardian\_\_\_\_\_

Athletic teams for which this form is required are:

Football (7-12)	Golf (9-12)	Cheerleading (7-12)	Volleyball (7-12)
B/G Basketball (7-12)	Wrestling (7-12)	Cross Country (7-12)	Baseball (9-12)
Redsteppers(9-12)	B/G Track (7-12)	Softball (9-12)	