

INSURANCE VERIFICATION FORM

ALTHOUGH THE CHOUTEAU PUBLIC SCHOOL SYSTEM ASSUMES NO FINANCIAL RESPONSIBILITY FOR THE COST OF ANY ACCIDENT OCCURRING TO THE ATHLETE WHILE PARTICIPATING IN A SPORT OR ON THE SCHOOL CAMPUS, A SPECIAL ACCIDENT INSURANCE POLICY IS AVAILABLE SHOULD YOU WISH TO PURCHASE IT. THE INSURANCE IS OFFERED FOR YOUR CONVENIENCE AND NEITHER THE SCHOOL NOR ANY OFFICIAL IS COMPENSATED IN ANY WAY BY THE INSURANCE COMPANY.

IN ORDER FOR A STUDENT TO PARTICIPATE IN ATHLETICS, HE OR SHE SHOULD HAVE ACCIDENT INSURANCE. IF YOU CHOOSE TO PURCHASE THE INSURANCE THAT HAS BEEN OFFERED FILL OUT THE APPLICATION AND FOLLOW THE INSTRUCTIONS ON THE BROCHURE. PLEASE READ THE INSURANCE FORM FOR AN EXPLANATION OF WHAT WILL BE PAID AND RETAIN THE BROCHURE FOR FUTURE REFERENCE.

IF YOU ALREADY HAVE INSURANCE PLEASE FILL OUT THE BOTTOM OF THIS FORM WITH THE APPROPRIATE INFORMATION.

PLEASE CHECK THE APPROPRIATE BOX.

WE ARE PURCHASING THE INSURANCE THAT IS AVAILABLE ON THE BROCHURE. _____

WE HAVE ADEQUATE INSURANCE AND DO NOT WISH TO PURCHASE THE INSURANCE. _____

INSURANCE COMPANY _____

ADDRESS _____

POLICY NUMBER _____

STUDENTS NAME

PARENT OF GUARDIANS SIGNATURE