

**ATHLETIC INSURANCE**

\*Athlete's Name \_\_\_\_\_

\*\_\_\_\_\_ I wish to take out the school accident insurance. If so, contact Rinehart Insurance.

\*\_\_\_\_\_ I already have medical and surgical coverage on my child **with the following company:** \_\_\_\_\_

\*Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_