Football Insurance Form

Central Catholic High School
Department of Athletics

Student's Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

To the parent or guardian:
It is the policy of Central Catholic High School to require that every student participating in athletics be covered by accident insurance. Students participating in all sports *except football* will be covered by the school's mandatory blanket accident coverage. The school requires that students playing football purchase either the accident insurance listed below or make known their intent to use a personal health policy.

Please note that Central Catholic High School is not liable for athletic injuries.

PLAN A

_____ I will enroll my son with the High School Interscholastic Football Accident Insurance Plan. Cost of coverage is $225 per player. Send a check or money order with this form to the school office. Please have checks made out to the **Archdiocesan Insurance Fund.**

_____ _____
Signature of Parent or Guardian **Date**

PLAN B

_____ I have decided to use personal health insurance. (Please sign below twice.)

_____ _____
Signature of Parent or Guardian **Date**

I have been offered the high school interscholastic insurance coverage but I decline to purchase the insurance. I understand if my child is injured during a football game or practice there is no coverage through the school.

_____ _____
Signature of Parent or Guardian **Date**