

Columbus Public Schools
Columbus City League
Department of Student Activities

INSURANCE INFORMATION FORM

Student's Name _____

School _____

Grade Level _____

Sport(s) Fall: _____

Winter: _____

Spring: _____

Participation in the above named sport carries with it certain risk of injury. There is inexpensive insurance coverage which will cover the cost of any injury incurred while the student is a participant which can cover the cost of any deductible not presently covered by a parent's primary insurance carrier. Applications and claim forms are available at the school and parents are encouraged to take advantage of this excellent opportunity. Send selected premium and application directly to the company.

My son/daughter _____ will be covered by the following:

_____ Primary Insurance

Company / Plan Name _____

_____ School Sponsored Insurance

Please obtain the application from the Athletic Director

a. Send bills with remaining balance due directly to the school sponsored insurance company after submission to the primary carrier.

_____ b. The student athlete is not insured.

Parent/Guardian Signature

Date