

ATHLETE'S NAME _____

ROBERT C. BYRD HIGH SCHOOL ATHLETIC INSURANCE VERIFICATION FORM

Robert C. Byrd High School does not carry athletic accident insurance. Therefore, it is the sole responsibility of the parent/guardian of each athlete to make certain that he/she has one or more of the following plans in force and certifies that one or more of the policies are in effect and remain in effect during the athlete's participation in athletic events. If not in effect, the school must be notified immediately.

1 Individual or Group Health/Accident Insurance:

(Company Name) (Policy No.) Parent's Signature

2. Special Insurance purchased for football only:

(Company Name) (Policy No.) Parent's Signature

3. Student Classroom Accident Insurance:

(Company Name) (Policy No.) Parent's Signature

STATE OF WEST VIRGINIA
COUNTY OF HARRISON

The foregoing instrument was acknowledged before me this _____ day of _____, 19____, by _____

My commission expires _____

Notary Public