



Insurance Information

*****All Athletes Must Read And Complete This Section*****

Memorial Christian Academy strives to provide excellent coaches and protective equipment for all athletes. It is known that even though protective equipment is worn, the possibility of an injury or accident still remains. I agree that neither Memorial Christian Academy nor the Athletic Department assume any responsibility in case an accident occurs.

I do _____ or do not _____ carry hospitalization insurance on _____

Name and Address of insurance company _____ Athlete's Name _____

Name of policy holder _____

Subscriber I. D. number _____ Group number _____ Code number _____

Please indicate if parent or guardian is:

_____ Active Military and athlete is covered under military medical benefits

_____ Retired Military and athlete is covered under Champus, Tri-Care, Tri-Care Prime, or other retired military medical benefits

Memorial Christian Academy has my permission to obtain medical treatment for my son/daughter. I indemnify and hold the school harmless for any claim on account of such care and/or treatment.

I, _____, have read all of the above and understand the provisions as set forth.

Parent / Guardian (print)

Signature of Parent / Guardian

Date

No student athlete will be allowed to participate in any practice or games/matches until a properly completed form is on file with the athletic department.