

**LEAD CHARTER SCHOOLS ATHLETICS  
INSURANCE FORM**

Athlete's Name \_\_\_\_\_ SS# \_\_\_\_\_

Sport \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dear Parent:

Your son/daughter **MUST** be covered by medical insurance in order to participate in interscholastic athletics. The policy cannot contain any exclusions for school-related athletic injuries. Any claim for benefits must be filed with the group insurance company providing coverage to your son/daughter through your employer, your spouse's employer, or an individual policy.

**THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED:  
Please circle the individual listed as the insured on your primary/personal plan and complete all requested information.**

**Father/Guardian/Spouse/Self (circle one)**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City, State, & Zip Code)

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_  
(Street) (City, State, & Zip Code)

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Name of  
Group Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Mailing Address for Claims \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Street) (City, State, & Zip Code)

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES \_\_\_\_\_ NO \_\_\_\_\_

**Mother/Guardian/Spouse/Self (circle one)**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City, State, & Zip Code)

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_  
(Street) (City, State, & Zip Code)

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Name of  
Group Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Mailing Address for Claims \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Street) (City, State, & Zip Code)

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your insurance require: A second opinion for surgery? YES \_\_\_ NO \_\_\_ Is your primary insurance an HMO? YES \_\_\_ NO \_\_\_

Pre-authorization for services? YES \_\_\_ NO \_\_\_ Is your primary insurance a PPO? YES \_\_\_ NO \_\_\_

\_\_\_\_\_ I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained by \_\_\_\_\_,

\_\_\_\_\_ My son/daughter is NOT covered under my group insurance.

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.  
A photocopy of this authorization shall be considered as effective and valid as the original.

DATE \_\_\_\_\_ Signature of Parent \_\_\_\_\_

*\*Please attach a copy of the insurance card to this form\**