

**NORTHRIDGE LOCAL SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

ATHLETIC TEAM INSURANCE NOTICE

STUDENT'S NAME _____ PHONE _____

ADDRESS _____

I, as a parent and guardian, hereby notify the Northridge School District that our child is covered by an insurance carrier in the case of injury that may occur as participant in the athletic program. This information is necessary in the event we need to provide immediate medical attention.

(Date)

(Parent's Signature)

NAME OF INSURANCE CARRIER _____

POLICY NO. _____

No _____

We do not currently have an insurance carrier. (The Northridge Athletic Department is committed to your child's safety and will provide opportunities for immediate medical assistance in the event of accidents.)