

PROOF OF INSURANCE

DATE: _____

STUDENT
NAME: _____

GRADE LEVEL: _____

To McCain Middle School:

I hereby certify that I have adequate insurance cover for the 2012-2013 school year on my son/daughter _____ to participate in extra-curricular sports and do not wish to participate in the school insurance plan.

My insurance is
with _____.

The policy number
is _____.

Parent/Guardian Signature