

Natchez-Adams School District Athlete Insurance Information

In order for a student to participate in any athletic activity, he or she must be covered by some form of insurance (group, individual, Medicare or Medicaid). Please complete this form and return it to your athlete's coach.

Student's Name: _____

Insurance Company: _____

Policy Number: _____

Parent's Signature: _____

Date: _____

Home Number: _____

Work Number: _____

