

**Mountain Empire High School
Department of Athletics
Insurance and Form Verification 2006**

Diane Young, Principal and Athletic Administrator

Olin D. Elliott, Athletic Director



Student's Name (Please Print): _____

Medical Insurance: (Please Check One)

My son or daughter **IS** covered for athletics by our family medical plan.

Insurance Carrier _____

Medical Card Number _____

My son or daughter **IS NOT** covered for athletics by medical insurance.
School medical insurance must be purchased. Submit a **COPY** of both the school insurance form and the check or money order mailed to Pacific Educators.

Form Verification: By signing this form below, you verify you have read, understand, and agree to all provision contained in each referenced documents.

1. Mountain Empire High School Athletic Agreement.
2. Mountain Empire High School Acknowledgment of Informed Consent.
3. C.I.F. San Diego Section "Ethics in Sports" Policy Statement.

Student's Signature: _____

Parent's Signature: _____

Date: _____