

UNIOTO ATHLETIC DEPARTMENT

INFORMATION FOR INSURANCE

Name _____ Age _____

Birthdate _____ Grade in School _____

Birthplace _____

City

County

State

Address _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Phone in case of emergency _____

Are you covered by insurance in case of injury in athletic participation? _____

If yes, what type? _____

If no, see Athletic Director for 'Student Insurance Program' – Student-Athletes must be insured prior to the start of the OHSAA mandated practice start date. If not, will be deemed ineligible until insurance is obtained.

Parent Signature