



**Turlock Unified School District**

*Learning Today...Leading Tomorrow*

**Athletic Insurance Protection Verification Form**

Dear Parent/Guardian and Athlete,

Our first concern is the physical and emotional health of your son/daughter as a participant in competitive sports. Please complete all parts of this form and return it to your school's Athletic Director. In all cases, final approval for participating in competitive sports will be made by your school's coaching staff and administrative team.

**PLEASE READ CAREFULLY & PROVIDE THE REQUESTED INFORMATION:**

\_\_\_\_\_  
Last Name                      First Name                      Phone #              Grade              Date of Birth              Age

\_\_\_\_\_  
Parent Name(s)                      Address                      City              State              Zip Code

Father's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

INSURANCE COMPANY NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

We have health/accident insurance for our son/daughter which meets the requirements and elect to not purchase student insurance. \_\_\_\_\_

Parent Signature                      Date

**OR**

I have submitted my form and money directly to Myers-Stevens for accidental insurance as indicated below in order to meet California Education Code Section 32221 requirements.

\_\_\_\_\_  
Parent Signature                      Date

- Tackle Football ONLY
- School Time Insurance (all activities except Football)
- Full-Time Insurance (all activities except Football)