

**NORTHMOR LOCAL SCHOOLS**

**Accident / Hospitalization**

I /We certify that I/we have accident and hospitalization insurance for my/our son or daughter:

\_\_\_\_\_  
(Name of Athlete)

Our son/daughter has my/our permission to participate in:

\_\_\_\_\_  
(Name of Sport)

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)