

RAINBOW HILLS BAPTIST SCHOOL SPORTS INSURANCE VERIFICATION

MEDICAL COVERAGE AND EXPENSES FOR PARTICIPATION IN RAINBOW HILLS BAPTIST SCHOOL ATHLETIC PROGRAMS AND ACTIVITIES ARE THE FULL RESPONSIBILITY OF THE STUDENT'S PARENTS OR GUARDIANS.

Student's Name:

Grade:

Age:

Phone:

Birth Date:

Parent's Name:

Address:

City/State/Zip:

Personal Policy Information

Insurance Company:

Policy Number:

Policy Date:

Member's Name:

- We do not have medical coverage for our child; therefore, we assume all financial responsibility for any injuries our child may sustain while participating in any of the athletic programs coordinated and represented by Rainbow Hills Baptist School. We understand that the insurance coverage provided by RHBS is intended only to be secondary and that the coverage limits are minimal. As parents/guardians, we will take full responsibility for any charges above those covered by the "ACSI Student Accident Program."

Signature Verification

Parent or Guardian Signature:

Date Signed:

Any changes made to the information provided above should be reported to the school office immediately.