

Accident Insurance Roster

(Please Print Legibly)

August 1, 2022-July 31, 2023

The cost is **\$6.25** per student.

Parish _____ City _____

Contact name _____ Phone _____

| | |
|-----------------------------|-------------|
| Name of Youth _____ | Grade _____ |
| Address _____ | |
| City, State, Zip _____ | |
| Parent/Legal Guardian _____ | Phone _____ |
| Name of Youth _____ | Grade _____ |
| Address _____ | |
| City, State, Zip _____ | |
| Parent/Legal Guardian _____ | Phone _____ |
| Name of Youth _____ | Grade _____ |
| Address _____ | |
| City, State, Zip _____ | |
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