Accident Insurance Roster

(Please Print Legibly)

August 1, 2026-July 31, 2027

The cost is **$10.30** 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 _____

Parent/Legal Guardian _____ **Phone** _____

Name of Youth _____ **Grade** _____

Address _____

City, State, Zip _____

Parent/Legal Guardian _____ **Phone** _____