

Accident Insurance Roster

(Please Print Legibly)

August 1, 2024-July 31, 2025

The cost is **\$10.00** 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 _____