Print Form

DEPARTMENT OF ATHLETICS

CHILLICOTHE HIGH SCHOOL

421 YOCTANGEE PARKWAY
CHILLICOTHE, OHIO 45601

REY BRADLEY
Athletic Director

BILL DAVIDSON
Assistant Athletic Director

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SUSIE BURKE
Secretary

NOTE: Freshman football is covered by either Plan One or Two.

Players are not required to enroll in these plans, however, we ask that everyone fill out the enclosed form and return it as soon as possible.

If you have any questions, please call Rey Bradley, Athletic Director, 702-2292.

NOTE: **Make checks payable to:** N. Carol Insurance Agency, 1989 W. Fifth Avenue, Suite 6, Columbus, Ohio 43212.

I/We the parent(s)/guardians of _____ have received information regarding insurance for the 2010-2011 school year.

PLEASE CHECK ONE:

_____ We already have insurance with _____.
and are not interested in additional coverage.

_____ We already have insurance with _____
but would like to purchase additional insurance under plan number _____.

_____ We have no insurance and wish to purchase insurance under plan _____.

We understand that neither the Athletic Department nor the school assumes any liability for medical claims.

Parent or Guardian signature: _____

Address: _____

_____ Telephone: _____

Athlete's signature _____ Date: _____

NOTE: If you plan to purchase Plan 1, 2, or 3 or 4 please pick up an insurance form in the Athletic Office.