

KAPOS Insurance Information Form *



YEAR	
REGION	
DISTRICT	

 ELEMENTARY
 MIDDLE

<input type="checkbox"/>	SMALL
<input type="checkbox"/>	MEDIUM
<input type="checkbox"/>	LARGE
<input type="checkbox"/>	SUPER LARGE
<input type="checkbox"/>	GAME DAY

SCHOOL	
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*Insurance Form will be used for team eligibility sheet and **MUST** be turned in on day of regional competition **PRIOR** to competing.

Name	Address	City, State, Zip	Birthdate	Grade	Insurance Company	Policy Number

_____ Principal Signature

_____ Coach Signature

_____ Date