

OVAC PROOF OF INSURANCE FORM

Athlete's Name _____ School _____
Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ Date of Birth _____

This is to assure the Ohio Valley Athletic Conference that my son/daughter has insurance that covers his/her participation in the championship meet/all-star game.

MEDICAL/HOSPITALIZATION:

Name of provider _____ Phone Number _____
Address _____
City _____ State _____ Zip _____
Is coverage Group _____ or Individual _____?
Group Name (Employer) _____
Group ID Number _____
Insured Name _____ Co-Payment (if any?) _____
Address _____
City _____ State _____ Zip _____

DENTAL:

Name of provider _____ Phone Number _____
Address _____
City _____ State _____ Zip _____
Is coverage Group _____ or Individual _____?
Group Name (Employer) _____
Group ID Number _____
Insured Name _____ Co-Payment (if any?) _____
Address _____
City _____ State _____ Zip _____

Parent/Guardian

Signature: _____ Date _____