

Dear Parent/Guardian:

The Idaho High School Activities Association and the Troy School District highly recommends all individuals participating in cheerleading, cross country, football, volleyball, baseball, softball, basketball, track and tennis to have medical insurance. Please indicate below your child's insurance coverage.

My insurance will cover my son/daughter, _____,
Student name
while he/she participates in junior or senior high school sports: ___Yes ___ No

Name of Insurance: _____

My signature below acknowledges I am choosing not to insure the above named student.

Parent/Guardian Signature: _____

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