

INSURANCE

IF YOU DO NOT HAVE INSURANCE, YOU (YOUR) PARENT(S) MAY PURCHASE INSURANCE THROUGH NATIONWIDE LIFE INS. COMPANY. (ENROLLMENT FORMS ARE AVAILABLE IN THE ATHLETIC OFFICE AT THE HIGH SCHOOL OR IN THE MAIN OFFICE OF THE MIDDLE SCHOOL) ALSO ONLINE AT: www.studentinsurance-kk.com

STUDENT'S NAME: _____ GRADE: _____

PLEASE ONLY FILL-OUT SECTION 1, 2, OR 3

1	HAVE INSURANCE
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_____ (Please check if you have insurance)

Name of insurance Company _____

_____/_____/____20_____
Date

Signature of Parent/Guardian

2	WANT INSURANCE
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_____ Mail Payment:

Nationwide Life Insurance Co.
Sports Division
K & K Insurance Group, Inc.
P. O. Box 2338
Fort Wayne, IN 46801-2338

_____/_____/____20_____
Date

Date Payment Mailed

_____/_____/____20_____
Date

Check or Money Order Number

_____/_____/____20_____
Date

Signature of Parent/Guardian

3	<i>SIGN ONLY IF YOU ARE <u>REFUSING</u> INSURANCE</i>
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<i>DON'T HAVE OR DON'T WANT INSURANCE</i>
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_____ **X** _____ NILES CITY SCHOOLS CAN NOT BE HELD LIABLE.

_____/_____/____20_____
Date

Signature of Parent/Guardian