

Accident Insurance Roster

(Please Print Legibly)

August 1, 2025-July 31, 2026

The cost is **\$10.00** per student.

Parish _____ City _____

Contact name _____ Phone _____

Name of Youth _____ Grade _____

Address _____

City, State, Zip _____

Parent/Legal Guardian _____ Phone _____

Name of Youth _____ Grade _____

Address _____

City, State, Zip _____

Parent/Legal Guardian _____ Phone _____

Name of Youth _____ Grade _____

Address _____

City, State, Zip _____

Parent/Legal Guardian _____ Phone _____

Name of Youth _____ Grade _____

Address _____

City, State, Zip _____

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