

**EVIDENCE OF INSURANCE COVERAGE – Mandatory. Insurance cards must be presented!**

The following is to be read and signed by C.S.I. Golden Girl Participant (Parents or guardian if under 21 years of age):

\_\_\_\_\_ has my/our permission to participate as a member of the  
(Participant's Name)

C.S.I. Golden Girls or Eagles Cheer Squad at the College of Southern Idaho. It is understood that I am (our Son/Daughter is) covered by adequate personal or family insurance for injuries requiring medical attention. It is understood that the College of Southern Idaho **does not provide this coverage**. Permission is hereby granted for medical and minor surgical treatment, x-ray and immunization for the above-named student. In event of serious illness, need for major surgery or accidental injury; I understand that an attempt will be made to contact me by telephone. If such contact is impossible, needed emergency treatment may be given as necessary for the best interest of the student, PER DOCTOR RECOMMENDATION.

I (we) accept the responsibility for my (his/her) insurance coverage and physical fitness.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Social Security #)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Participant (May sign if 21 years of age) (Participants Social Security #)

**INSURANCE COMPANY NAME/ADDRESS PARENTS & STUDENT HOME ADDRESS**

\_\_\_\_\_  
(Insurance Name) (Parents Name)

\_\_\_\_\_  
(Policy #) (Street Address)

\_\_\_\_\_  
(Insurance Company Street Address) (City/State/Zip)

\_\_\_\_\_  
(Insurance Company City/State/Zip) (Work Telephone #)

Additional Notes:

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