

**CAPISTRANO UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE VERIFICATION 2005 - 06**

California Law Education Code, Section 32220-24 requires that every member of a high school athletic team have accidental bodily injury insurance, providing at least \$1,500 of scheduled medical/hospital benefits. The parent or guardian must provide proof that their family coverage satisfies the Code in relation to medical coverage.

If you **have** the \$1,500 accidental bodily injury insurance, please fill out **ITEM 1** below.

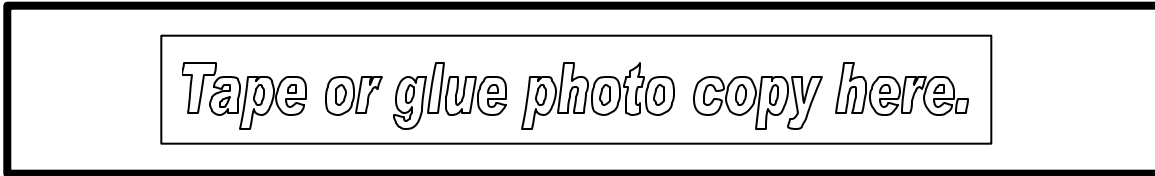
If you **do not have** accidental bodily injury benefits for your son, daughter, or ward, please fill out **ITEM 2** below.

ITEM 1 The athlete **has** accidental bodily injury insurance providing at least \$1,500 of scheduled medical/hospital benefits.

Athlete's Name _____

Parent/Guardian Signature _____

Proof of insurance is required - ATTACH A PHOTOCOPY OF ATHLETE'S INSURANCE CARD HERE



ITEM 2 The athlete does not have the accidental bodily injury insurance required.
YOU MUST ALSO COMPLETE AND RETURN THE APPROPRIATE MYERS-STEVENSON & TOOHEY & CO., INC. APPLICATION

Athlete's Name _____

Listed is the appropriate fee for accidental bodily injury insurance with MYERS-STEVENSON & TOOHEY & CO., INC. INSURANCE

	PREFERRED PROVIDER		
	LOW-OPTION	HIGH-OPTION	ENTER AMOUNT HERE
INTERSCHOLASTIC			
TACKLE FOOTBALL 9-12 GRADES	\$ 162.00	\$ 190.00	_____
ALL OTHER SPORTS 9-12 GRADES SCHOOL TIME ACCIDENT INSURANCE	\$ 38.00	\$ 45.00	_____
24-HOUR ACCIDENT	\$ 161.00	\$ 189.00	_____
DENTAL	\$ 19.00		_____

We have subscribed to Myers-Stevens & Toohey & Co., Inc. for athletic insurance, which meets the limits required.

(Myers-Stevens & Toohey & Co., Inc. will send verification of insurance to each school.)

Parent/Guardian's Signature

Date

MAKE ALL CHECKS PAYABLE TO:

**MYERS-STEVENSON & TOOHEY & CO., INC.
26101 Marguerite Parkway
Mission Viejo, CA 92692-3203**