



# Verification of Health Insurance Coverage Requirements

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I \_\_\_\_\_ (Parent/Guardian) understand that base health insurance coverage including sports related injuries is a requirement for participation in athletics and in the event an individual or family medical plan is not provided participation in athletics can be denied or revoked. Further, I understand that school sports participation insurance for students is provided for purchase by Bold City Education (Duval County Public School District) in the event individual or family plan coverage is not currently in place. In addition, I agree to maintain insurance coverage throughout the duration of the sports season. I will notify the school immediately if the policy should lapse for any reason.

I, \_\_\_\_\_ verify that \_\_\_\_\_  
Print (Parent / guardian) Print (Student Athlete)

is covered by an individual or family medical health insurance plan including, but not limited to, sports related injuries for participation in interscholastic athletics sponsored, supervised and engaged in at Bold City Education (San Jose Prep and Cecil Early College).

Insurance Provider \_\_\_\_\_

Type of Coverage \_\_\_\_\_

Primary Subscriber \_\_\_\_\_

Group Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Please include a copy of the front and back of insurance card.

**PRINT PARTICIPANT NAME** \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_