



STUDENT ACCIDENT MEDICAL INSURANCE PROTECTION ~ 2017-2018

This form MUST be returned to the Athletic Director

On the oxps.org website, click "Athletics" then "Athletic Forms" to review our Student Accident Medical Insurance Protection plan or type the following link into your web browser:

<https://sites.google.com/a/oxps.org/oxps/Insurance%20MA%202016-17%20MB%20Brochure.pdf>

Please check:

_____ I'm aware of and have seen and reviewed the Student Accident Medical Insurance Protection plan.

Please check one of the following spaces:

_____ I am interested in the Supplemental Insurance Protection plan, and will complete the information necessary, on my own, using the link.

_____ I am NOT interested at this time in the Supplemental Insurance Protection plan.

Student-athlete Name (printed): _____

Student-athlete signature: _____ Date: ____/____/____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: ____/____/____

Relation to student-athlete: _____

Sport: _____