

**Fairport Harding Middle/High School Athletics**  
**Proof of Insurance Form**

(as required by OHSAA)

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Sport/s: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Parent(s) That student athlete is covered under:

\_\_\_\_\_

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

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

NOTE: Insurance provider must be on file with the school prior to competition.

Students that are **not** under parent's coverage **MUST** obtain coverage thru an alternate source (school insurance).

Questions or concerns, please call the Harding Office at:440-354-5400 ext 301

