



2023-24 WHSAA / Private School
Catastrophic Insurance Form

Parent Name _____

Mailing Address _____ City _____ Zip _____

Phone Number _____

Email Address _____

Catastrophic Insurance Fees \$7.00 x # of students (for grades 5-12) **REQUIRED** _____ x \$7.00

Total _____

Table with 3 columns: Name of Student(s), Birthdate, Grade. Multiple empty rows for student information.

For WHSAA Use Only:
Date: _____
Cash ___ Credit Card ___
Check # _____

With the payment of these annual Catastrophic Insurance fees to the WHSAA, the private school participant agrees to subscribe to any and all bylaws, rules and regulations as set forth by the WHSAA.

Each student must have a physical and proof of immunization on file with the school before they will be allowed to participate.
Physical on File
Proof of Immunization

Parent Signature _____

Date _____

This form is due in the WHSAA office, 6571 East Second Street, Casper, WY 82609, before the first practice of the appropriate fall, winter or spring season. Catastrophic Insurance is for the current school year only.

Private School the student(s) attends: _____

Middle School you will be combining with for WHSAA sanctioned activities: _____

Approved WHSAA Commissioner _____

Date _____