



2024-25 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** \_\_\_\_\_

Name of Student(s)	Birthdate	Grade

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