2015-16 Application for NCHSAA Catastrophic Insurance for High School Athletes

School Name:_____

School District:_____ Phone Number: _____

Address: _____

City, State & Zip:_____

PREMIUM CALCULATION
Mandatory High School Catastrophic Athletic Coverage
(To estimate, count all 2014-2015 eligible athletes once, plus coaches, trainers, and 1 cheerleader sponsor)

Number of Eligible Athletes	
Number of Coaches	
TOTAL	
	@ $3.75 each
Total Athletic Catastrophic Premium	

*******Please do not send a check. Schools will receive a bill from NCHSAA*******

Return this form by August 15, 2015

Submit this form to:

NCHSAA
Accounting
PO Box 3216
Chapel Hill, NC 27515

Edited: 07/28/15