

**MIDLAND VALLEY HIGH SCHOOL**

Athletic Department  
227 Mustang Drive  
Graniteville, SC 29829  
(803) 593-7105

Aug. 1, 2017

Dear Parents,

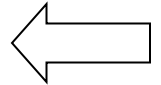
Your son/daughter must be covered by insurance in order to participate on any of our athletic teams. If he/she takes out the school insurance with Markel (\$36.00) he/she will be covered in all athletics except varsity football. Please indicate below which coverage your son/daughter has. The coach must get a copy of all insurance cards. .

Sincerely,

Michelle Yeater  
Athletic Director

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I agree that my son/daughter is adequately covered by my insurance policy and I will be responsible for any charges resulting from injury. A **COPY** of my insurance card in on file with the Athletic Office.



Parent's Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_

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

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**SCHOOL INSURANCE ONLY: (Enroll online - <http://markel.sevencorners.com> or (Call 1-877-444-5014 enrollment by phone)**

My son/daughter, \_\_\_\_\_, has school insurance with Markel. Medical charges in excess of benefits paid are the responsibility of the insured.

Parent's Signature \_\_\_\_\_

**BACK**

To Whom It May Concern:

I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_, give to Michelle Yeater or any member of  
her coaching staff permission to obtain medical treatment for my child/ward if needed as  
a result of his/her participation in a Midland Valley Athletic event.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Telephone where I can be reached in case of an emergency:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager/Beeper: \_\_\_\_\_

Or a family member: \_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
***MUST COMPLETE INFORMATION BELOW***  
\_\_\_\_\_

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Insurance Information (Card Holder):

Guarantor Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Guarantor Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Guarantor Employer: \_\_\_\_\_