



## 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 faculty coaches, trainers, and 1 cheerleader sponsor)

Number of Eligible Athletes	
Number of Coaches	
	@ \$3.75 each
<b>Total Athletic Catastrophic Premium</b>	

**\*\*\*\*\*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