



EODSA Travel Insurance Acknowledgement Form

Club: \_\_\_\_\_ Team Name/ID: \_\_\_\_\_ Trip Date: \_\_\_\_\_ to \_\_\_\_\_

Coach: \_\_\_\_\_ Manager: \_\_\_\_\_

Parent's Name	Player Name	Signature*	Insurance Co.	Policy #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

\* - By signing, the Parent is indicating that their child is covered under a travel insurance plan (as specified by the Company Name and Policy #) for the specified trip dates.