Athletic Directors Enrollment Form

Athletic Directors Enrollment Form Los Angeles Unified School District Voluntary Student Accident Program
(Binding Directions: 1. Collect completed enrollment form and full payment in the form of a personal check, money order or credit card (VISA & MASTERCARD ONLY) 2. Complete this form and attach each students enrollment form (page 2 of 4) then email or fax to our office within one (1) business day of receipt from student athlete or family. 3. Mail the original enrollment forms and payments to our office within seven (7) business days of receipt from the student athlete or family.)

Date: _____ School Name: _____

TO: Bridge Norena & Associates
Attn: Joseph Norena
23945 Calabasas Road, Suite #210
Calabasas, Ca 91302

Phone: Office – 818-225-1627 x 303
Mobile – 818-606-3716
Direct – 818-292-8382

Athletic Director Name	Email Address	Phone Number

#	Student Name	Base Plan	Supplement	Payment
1		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
2		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
3		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
4		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
5		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
6		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
7		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
8		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
9		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
10		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
11		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
12		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
13		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
14		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
15		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
16		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
17		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
18		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
19		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
20		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
21		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
22		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
23		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
24		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO
25		☐ School Time ☐ 24 Hr	☐ Dental ☐ Football	☐ Chk ☐ CC ☐ MO

Confirmation will be sent via email to the athletic director within 24 hours of receipt to include a policy number and effective date. A confirmation kit will be mailed to student athlete's family within fifteen (15) days.

MAKE SURE ALL CHECKS AND MONEY ORDERS ARE PAYABLE TO BRIDGE NORENA & ASSOCIATES.

THANK YOU FOR YOUR BUSINESS!