

# ENROLLMENT FORM

## HOMESCHOOL ACCIDENT MEDICAL & GENERAL LIABILITY PROGRAM

Name of Group: St. Michael the Archangel Academy HSLDA Group Membership Number: 293241  
 Family's HSLDA member number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Family Last Name: \_\_\_\_\_ Parents' First Names: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Policy Effective date: August 1\* to July 31 Telephone Number: \_\_\_\_\_

### **FULL EXCESS COVERAGE – All students must be covered.**

<b>Classification</b>	<b>Number of Participants</b>		<b>Annual Rate</b>	<b>=</b>	<b>Premium by Classification</b>
Ages 5 & under	_____	X	\$30.00	=	_____
Ages 6 – 13	_____	X	\$40.00	=	_____
Ages 14–18	_____	X	\$70.00	=	_____
Non-Employee Teachers	_____	X	\$50.00	=	_____
Volunteers	_____	X	\$70.00	=	_____

### **Make checks payable to St. Michael the Archangel Academy**

#### **Memo: HS Insurance Program**

Enrollment in this insurance program is through St. Michael the Archangel Academy as a member group of HSLDA. The Home School Legal Defense Association (HSLDA) does not assume any of the insurance risk provided by QBE Insurance or Capitol Insurance. HSLDA is not involved in the administration of these plans including premium collection or adjudication of claims.

HSLDA acts only in the capacity of the Master Policy holder for these Policies for its Members benefit.

Attendance and participation at functions/ field trips advertised by St. Michael the Archangel Academy is voluntary. Parents assume full responsibility for themselves and their children, and to indemnify and hold harmless, St. Michael the Archangel Academy and any and all persons or entities affiliated with St. Michael the Archangel Academy, from any and all liability, injury, or damage, legal or equitable.

### **Return this form with a check payable to: St. Michael the Archangel Academy**

Note: The insurance company requires that the premium be paid with a single Academy check.