

**ATHLETIC TRAINING EDUCATION PROGRAM**  
*School of Recreation, Health, and Tourism*



**Health Insurance Declination Form**

I, \_\_\_\_\_ choose to decline to show proof of current health insurance.  
I understand that I will be still be able to participate in the professional phase of the Athletic Training Education Program at George Mason University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date