Neither I, _____________________________, nor my parent or legal guardian carry any personal insurance coverage on myself.

I solemnly swear (or affirm) that I understand this document and the information provided is the truth as I know it.

Printed Name: ________________________________

Date: ____________________

Signature in front of a Notary Public: ________________________________

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STATE OF CALIFORNIA )

COUNTY OF SISKIYOU ) ss

Subscribed and sworn to (or affirmed) before me this _____ day of ________
by ________________________, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

__________________________________
Notary Public
Notary Public In and for the County of ________________
My Term Expires ________________