

INSURANCE WAIVER

Participant Name: _____ Birthdate: ____/____/____
Last First M.I.

Address: _____
Street City Zip

Home Phone: (____) ____ - ____

Grade in School: _____

Please allow _____ the privilege of participating in the interscholastic athletics during the 2017-18 school year. If there are any sports in which I do not want him/her to engage in, I have noted the fact below. I understand that there are risks of serious injuries (and possible death) inherent in participation in middle/high school sports. I have discussed this possibility with my student athlete and we are both aware of the injury risk involved. I understand that the school district will take every reasonable precaution to avoid the occurrence of accidents and therefore it is not responsible for accidents that occur as part of athletic participation.

I, undersigned parent/legal guardian of _____ do hereby certify that he/she is presently covered under the following medical/hospital expense insurance.

NAME OF INSURER	POLICY NUMBER
_____	_____
_____	_____

Hospital Preference: _____

Known Allergies: _____

Restricted Activities: _____

Sports participating in: _____