

TEAM SPORTS

Football (varsity and junior varsity) coverage only applies during football season. Student athletes who plan to participate on other sport teams, without parental insurance coverage, must also purchase either "school-time" or "24-hour" coverage in addition to "football" coverage.

Please check and complete the boxes as appropriate:

I've read and understand the memo concerning insurance coverage for students participating in school sports activities. I understand that the school and the Board of Education do not carry insurance--and will not pay--for medical bills arising out of athletic team activities, and that all athletes must have some kind of insurance.

I am satisfied that my son/daughter is protected by the insurance we now carry privately. I do not wish to purchase any additional insurance offered through the school. The name of the company through which I have insurance is _____
_____. The policy number is _____.

I have insurance which will cover my son/daughter. However, I wish to purchase added coverage offered through the school. Payment is enclosed. The name of company through which I have insurance is _____
_____. The policy number is _____.

I do not have any insurance, so I wish to purchase/school insurance. *(Note to parent: retain your canceled check for your proof-of-purchase.)*

Student's Name: _____

Parent's Signature: _____ Date: _____