

Insurance Waiver 2021-2022

CHECK THE SPORTS YOUR STUDENT WILL BE PARTICIPATING IN THIS YEAR.

- | | | | |
|-------------------------------------|-----------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Track | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Swimming | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Student: _____ Grade: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Birth Date: _____

Physician: _____ Phone: _____

INSURANCE

Our child is covered:

_____ 1. We relieve the school district of any liability should our son/daughter be injured while practicing or participating in Interscholastic Sports, or other school sponsored activities.

_____ 2. You have our permission to call a physician in case of an emergency.

_____ 3. Contact us before a physician is called.

Parent's/Guardian Signature: _____

Date: _____

Note: This sheet along with a current physical examination form must be on file with the school before participation will be allowed.