

CENTERBURG LOCAL SCHOOLS

Athletic Insurance Waiver Form

I hereby attest that I have insurance that will provide hospital and medical expense payment for injuries sustained by our son or daughter while participating in middle school or high school athletics.

NAME OF INSURANCE COMPANY

NAME OF AGENT OR GROUP

I furthermore release the Centerburg Local Schools from all medical liabilities caused by accidents incurred through athletic participation.

Student's name (please print)

Parent or Guardian signature

Date

Due to athletic eligibility problems in past years, we need a parent/guardian signature below stating the following to be true:

My son/daughter lives within the geographical boundaries of the Centerburg School District with his/her parent(s) or legal guardian(s).

Parent or Guardian signature

Date