

Statement of Insurance Coverage and Liability Waiver

I have health insurance coverage for my child(ren), _____,
_____, _____,
_____.

Coverage through _____
(insurance company name)

Policy Number _____

I understand that I must assume liability for any injuries to my child(ren) during non-sports activities.

Signature of parent or legal guardian: _____

Relationship to student: _____

Date: _____