

VERIFICATION OF INSURANCE COVERAGE

I have medical coverage for doctor's services and hospitalization and will continue to keep it in force throughout the sports season. The name of the company providing insurance for:

Student's Name

is

Insurance Company's Name

I accept full responsibility for the cost of treatment for an injury which my child may suffer while taking part in the program. However, this does not waive either my rights or the rights of my child as respects bringing any legal action against the district.

Parent/Guardian Signature

Date