

IMPORTANT: THIS NOTIFICATION MUST BE SIGNED AND RETURNED BEFORE
YOUR SON/DAUGHTER CAN PARTICIPATE IN THIS PROGRAM

TO: Parents of Students Participating in Athletics

DATE: _____

SUBJECT: STUDENT INSURANCE

SCHOOL: _____

SPORT: _____

The Union County Board of Education requires that the student insurance offered will be compulsory for all students participating in junior and senior high school athletics unless a notarized insurance waiver form is signed by the parent indicating adequate personal insurance and releasing the Board of Education and its employees from responsibility for any claim due to injuries received while participating in a school sponsored athletic program. Please be sure that you understand the following before deciding whether to permit your son or daughter to participate:

1. There are limitations in the Student Accident Insurance coverage. It will not always pay all charges for every accident. Read the description of the current Student Accident Insurance carefully and be sure that you understand it.

2. Neither the Board of Education nor any of its employees will assume responsibility for claims resulting from injury to your child while he/she is participating in this program. This means that you will have to pay for any necessary medical treatment not covered by the Student Accident Insurance or any personal insurance coverage that you might have.

In view of this Board policy and the current Student Accident Insurance coverage, I wish to proceed as follows (check one, sign, No. 3 must have notary signature, and return promptly):

1. _____ Enclosed please find \$_____ for Student Accident Insurance. I understand that I am responsible for payment for any charges not covered by this policy.
2. _____ My son/daughter is already enrolled in the Student Accident Insurance Program, and I understand that I am responsible for payment of any charges not covered by this policy.
3. _____ I have adequate personal insurance and release the Board of Education and its employees from any responsibility in this matter.

SIGNED (Parent or Legal Guardian): _____

ADDRESS: _____

STUDENT'S FULL NAME _____

DATE: _____

(if Item No. 3 is checked, the following must be completed.)

I, _____, a Notary Public of _____ County and State of _____ do certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

Each player must also receive a MEDICAL EXAMINATION by a physician licensed to practice medicine each calendar year (once every 365 days) in order to be eligible for practice or participation in interscholastic athletic contest. This verification must be in hands of Athletic Director prior to participation.