

NORTH UNION 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

We have been informed that the school district does provide the option to purchase a school accident insurance plan and we have elected not to purchase this insurance policy. I furthermore release the North Union Local Schools from all medical liabilities caused by accidents incurred through athletic participation.

Student's Name (please print)

Grade

Parent or Guardian signature

Date

To ensure athletic eligibility, a parent/guardian signature is needed below stating the following to be true:

My son/daughter lives within the geographical boundaries of the North Union Local School District with his/her parent(s) or legal guardian(s) or has met OHSAA requirements of Open Enrollment.

Parent or Guardian signature

Date