

INSURANCE WAIVER FORM

Dear Parent/Guardian,

The Norwayne Local Schools require all athletes to be covered by some form of insurance. Your signature on this insurance waiver form indicates that your son/daughter is covered by your personal health insurance policy while he/she is participating in athletics at Norwayne High School. If your son/daughter is not covered by your personal insurance, he/she will be required to purchase insurance that is offered through the school.

Student's Name _____

Parent/Guardian Signature _____

Insurance Carrier _____

Date _____

