

INSURANCE COVERAGE – Request for Waiver

* One of the sections below **must** be signed by a parent or guardian.

DO NOT SIGN ON BOTH LINES!

I understand that athletes must have accident coverage before they participate in the athletic program of the West Branch Local Schools. I have adequate insurance for my child _____ and do not wish to enroll him/her in the insurance plan offered by the school. I accept full responsibility for the cost of treatment for any injury which he/she may suffer while taking part in the athletic programs of the West Branch Schools.

X _____ Date _____

OR

School Insurance

My child _____ is enrolled in the insurance plan offered by the school. Premiums for the school insurance are the sole responsibility of the parent. **INSURANCE FORMS** need to be picked up in the **TREASURER'S OFFICE after July 1st**.

X _____ Date _____