



# Seneca Community Consolidated Grade School

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## 2021-2022 INSURANCE VERIFICATION

STUDENT NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parents:

It is School Board Policy that any student who participates in intramural or interscholastic sports must have school insurance or provide proof that she/he is covered by some type of medical insurance.

We, the parents/guardians of \_\_\_\_\_ have insurance with

(name of company) \_\_\_\_\_ policy# \_\_\_\_\_  
that will pay the medical and surgical expenses that result from injury, major or minor, that the above named student may receive as a result of practicing or performing in athletics at this school. The insurance will also cover the above names student while traveling to or from practice sessions or scheduled contests.

Since we, the parents/guardians of the above named student, have an insurance policy which will provide adequate financial coverage for any type of injury or injuries or whatever might result there from, we the parents/guardians, agree to release this School District's personnel from any obligation as pertains to financial responsibility in these matters for the \_\_\_\_\_ school year or period of time thereafter.

\_\_\_\_\_  
Signature of Parent/Guardian

**\*\*Parents/Guardians are to notify the school in case an insurance policy is changed during participation in athletics by the above named student athlete.**

**FILL OUT FRONT AND BACK AND RETURN TO**  
**SENECA GRADE SCHOOL**