

Pikeland Community Unit School District No. 10

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INSURANCE WAIVER

Student: _____

Pikeland Community School District requires all students involved in interscholastic sports to have accident insurance coverage. Before participating in the sport, the athlete must provide proof of accident insurance coverage through an individual policy or coverage through a family medical insurance policy.

Parents of student athletes will complete the following (check appropriate answer):

_____ I will provide accident insurance coverage for my son/daughter on a separate accident insurance policy. **List policy information below.**

_____ I feel that our family insurance plan outlined below is sufficient to cover any accident that might occur involving my son/daughter in any of the interscholastic sports.

Insurance Policy information :

Name of Provider: _____

Group Number: _____

Member ID: _____

Name of Student Covered: _____

The insurance policy(ies) above is (are) in effect on August 1, 2021, and will be in effect until July 31, 2022.

I will not hold the Board of Education responsible for payment of injuries received by my son/daughter while involved in any sport nor for liability in case of an accidental death.

Signed: _____ Date: _____