

DEPARTMENT OF ATHLETICS & ACTIVITIES
FALLS HIGH SCHOOL - HOME OF THE "BRONCOS"
INTERNATIONAL FALLS, MN 56649

2023-2024 INSURANCE COVERAGE FOR SPORTS & ACTIVITIES

NAME _____ GRADE _____ DATE OF BIRTH _____

SPORT/ACTIVITY _____ YEAR OF PHYSICAL _____

TO: Parent/Guardian of student participating in interscholastic sports or fine arts activities

The school administration is aware that many families have adequate health and accident insurance; however, there are some families whose coverage is not adequate or who have no insurance. Those students participating in interscholastic sports are particularly susceptible to injuries, and therefore we feel that all students **SHOULD** have insurance before they participate in sports as well as fine arts activities.

The school **DOES NOT** have insurance that covers individual athletes/students during competition. We encourage families to make sure they have adequate insurance coverage for their student in the event an injury occurs during participation in athletics or fine arts activities.

PARENTS MUST COMPLETE ONE OF THE FOLLOWING STATEMENTS
AND RETURN THIS SHEET TO THE ATHLETIC OFFICE

~~~~~  
☐ Yes, we the undersigned, feel we have adequate insurance protection for our son/daughter, and we will assume all responsibility for injuries incurred while practicing for or participating in interscholastic sports or fine arts activities.

~~~~~  
☐ No, we the undersigned **do not** currently have adequate insurance protection for our son/daughter, and we assume all responsibility for injuries incurred while practicing for or participating in interscholastic sports or fine arts activities.

~~~~~  
\_\_\_\_\_ is insured by \_\_\_\_\_  
STUDENT NAME INSURANCE COMPANY

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE