

Waverly City Schools

Board of Education:

Josh Hobbs, President
John Boyer, Vice President
Sue Ann Bolin
Sharon Manson
Ann Oyer

1 Tiger Drive
Waverly, Ohio 45690
(740) 947-4770
Fax: (740) 947-4483
www.waverly.k12.oh.us

Dear Parent or Guardian,

The Waverly City Board of Education unanimously adopted a resolution on August 10, 1983, that all Junior High (7th & 8th) and Senior High (9th-12th) participants be required to have accident medical insurance to cover injury while practicing or competing in an approved athletic contest sponsored by the Ohio High School Athletic Association.

In order for your son or daughter to participate in cheerleading and athletics this school year, it will be necessary for you, the parent or guardian, to sign certifying that you have medical coverage up to \$25,000.00, and that you will be responsible for any bills that might be incurred due to injury while practicing or competing.

We are enclosing a form to be signed by you certifying this fact. You may want to check your present insurance to see if your son or daughter would be covered if such an injury would occur. If you do not have any insurance, you may purchase the Guarantee Life Policy, administered by N. Carol Insurance Agency, Inc., Columbus, Ohio, through the school, or the coverage may be provided by any other independent carrier.

The Ohio High School Athletic Association has a Liability/Lifetime Catastrophe Medical Plan for athletes participating on athletic teams sponsored by the Ohio High School Athletic Association. Effective the 1994-95 school year, this Catastrophe Plan covers cheerleaders at practices and approved athletic contests. This Catastrophe Medical Plan does not cover cheerleading competitions. The plan pays expenses after the medical costs for the injury that exceeds \$25,000.00.



Cheryl Francis
Superintendent



Bill Hoover
Principal



Larry "Bo" Arnett
Athletic Director

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If you wish to purchase the Guarantee Trust Life Insurance Plan through the school for athletic coverage, please read the following:

1. Before purchasing this policy, please contact the area agent, Nancy C. Rundels. The address and telephone number are as follows: 1989 W. Fifth Avenue, #6
Columbus, Ohio 43212
Telephone: (614)486-1666
2. The school time or 24-hour plan will cover all sports except football. (Please refer to the brochure that can be obtained in the high school office.)
3. Football coverage is an additional premium which must be bought separately, or in addition to the school time or 24-hour plan. (Details are explained in a brochure that can be obtained in the high school office.)

It is important that you have adequate protection for your child while participating in interscholastic activities. We are not advocating any particular plan or company, but we do want to stress that you have proper coverage in case of accident or injury.

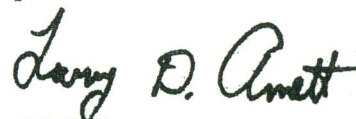
Please read the policy information carefully.



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SCHOOL YEAR _____

Waverly City Schools want you to be aware that minor and serious injuries can occur while practicing and participating in approved athletic contests.

I/we certify that my/our son/daughter _____ has medical accident insurance which covers him/her in case of injury while practicing or participating in interscholastic competition, sponsored by the OHSA, while a member of an athletic team in Waverly City Schools. I/we understand that I/we will be responsible for any bills that might be incurred up to \$25,000.00.

Parent/Guardian signature

_____ Cheerleading (grades 9-12) The OHSA Liability/Lifetime Catastrophe

Medical Plan does not cover Cheerleading Competition.

_____ Cross Country (grades 9-12)

_____ Football (grades 9-12)

_____ Girls Tennis (grades 9-12)

_____ Golf (grades 9-12)

_____ Soccer (grades 9-12)

_____ Volleyball (grades 9-12)

_____ Boys Basketball (9-12)

_____ Girls Basketball (9-12)

_____ Baseball (9-12)

_____ Softball (9-12)

_____ Tennis (9-12)

_____ Track (9-12)