

Student Name: _____

To: Parents of Students Participating in Athletics (2016-2017)

From: Jay Jameson, Athletic Director, Edgewood ISD

Subject: **Student Insurance**

Every student that participates in athletics in our school district must show some type of insurance coverage or a waiver by the parent or legal guardian releasing the school district from any financial obligation in case your child is injured.

You are acknowledging that **you are solely responsible for all charges** incurred as a result of an injury while your child is participating in an extra-curricular event, practicing for an event, and traveling to and from an event. ****Either your private insurance company or you will be required to take care of financial obligations.**

Edgewood ISD has no insurance program for our students.

Sign that your student is covered or sign financial waiver below:

Name of insurance company which student is covered under

YES – we have insurance in which this student is covered:

Name of Insurance Company: _____

Parent/Guardian Signature: _____

Date: _____

OR

Financial Responsibility Waiver

NO – this student is NOT covered by insurance

I will take care of all financial obligations and expenses which are a result of my child participating in athletics.

Parent/Guardian Signature: _____

Date: _____