

STUDENT NAME-_____

TO: PARENTS OF STUDENTS PARTICIPATING IN ATHLETICS (15-16)

FROM: JAY JAMESON, BOYS' ATHLETIC DIRECTOR
KYLE SHORT, GIRLS' 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: _____