



YEAR: 2018-2019

ATHLETIC INSURANCE FORM

TO THE PARENTS OF: _____ Grade: _____

Please circle *all* sports of participation this **Athletic Season**:

Girls - *Volleyball* *Cross Country* *Basketball* *Softball* *Soccer* *Golf* *Cheer*

Boys - *Football* *Cross Country* *Basketball* *Baseball* *Soccer* *Golf*

It is necessary that each student trying out for a sport has a current physical exam on file and has appropriate medical insurance coverage. The student must be listed on our school's eligibility list in the office of the Alabama High School Athletic Association *prior* to competition. The state office purchases for each person on this list a major catastrophic insurance policy which has a \$10,000 deductible.

At the local level the Limestone County Board of Education Policy states that each squad member be covered by an adequate medical insurance policy before he/she is allowed to participate in scheduled games or practices. This gives each athlete's parents the option of using their family policy or purchasing an insurance policy through the school.

PLEASE COMPLETE & RETURN TO COACH

My family medical insurance coverage is adequate.

Name of the Insurance Company

Policy Number

I wish to purchase the accident policy offered by the Guarantee Trust Life Insurance Company. The policy provides coverage while participating in or attending activities organized, sponsored, and supervised by the school.

Cost - _____ for all sports, excluding Football- See Insurance Packet

Cost - _____ for all sports, including Football- See Insurance Packet

In any event, I accept full responsibility, financially and otherwise, for any injury my son/daughter may incur while participating in the athletic programs of _____.

SIGNATURE: _____ **DATE:** _____

Parent or Guardian

This form expires on May 30 of the school year.