

# CHADWICK-MILLEDGEVILLE C.U.S.D. #399

Chadwick-Milledgeville Jr./Sr. High School  
100 E. 8<sup>th</sup> Street, Milledgeville, IL 61051

## SPORTS INSURANCE WAIVER

The undersigned parent or guardian hereby assures Chadwick-Milledgeville District #399 that adequate insurance coverage is carried on the following student for the entire sports year and that the purchase of additional student insurance made available through the school district is unnecessary.

Name of Student: \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

Policy or Group  
Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date