

STARK COUNTY C.U.S.D. #100

EXTRACURRICULAR ATHLETICS

PARENTAL INSURANCE CONSENT FORM

Student Name _____

Address _____

Phone No. _____

I understand that my student must be covered by accident or hospitalization insurance to participate in extracurricular athletics. Please check one of the following options:

_____ **OPTION 1: My primary accident or hospitalization insurance that covers the above named student is provided by:**

Insurance Company Name _____

Policy No. _____

_____ **OPTION 2: The above named student is not covered by a primary accident or hospitalization plan. I approve my student's participation in extracurricular athletics under the limited accident insurance coverage provided by the school district.**

Signed _____

Date _____

**MUST BE COMPLETED & ON FILE
FOR ALL STUDENTS WHO PARTICIPATE
IN EXTRACURRICULAR ATHLETICS**