

Insurance Verification

COMPLETE AND RETURN TO COACH/ADVISER

A. Statement of risk of participation with parental signature.

WARNING: As a result of participation in co-curricular activities, including interscholastic athletics, in Coshocton City Schools, an injury may occur. Parents (guardians) of athletes, cheerleaders, and the mascot must approve the following:

We the parents (guardians) of _____, hereby release the coaches, the high school, the administration, and the Board of Education of Coshocton City Schools of all responsibility and liability if an injury should occur to our son/daughter while participating in athletics.

B. Insurance Verification (Complete either 1 or 2 below).

1. We have adequate insurance to cover our son/daughter in the event an injury should occur. Our insurance carrier is:

Carrier: _____

Address of Carrier: _____

Policy No. _____ Name of Employer: _____

Signature

Date

.....
DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1.

2. We have purchased the group insurance policy made available at the school. (The "school insurance" is not issued by the Coshocton City Schools, but by an independent carrier. The school only distributes this information on the policy. Any further contact with the carrier is the responsibility of the carrier and the client.)

Signature

Date