

DUNLAP VALLEY MIDDLE SCHOOL INSURANCE WAIVER

Participant Name: _____ Birthdate: ____/____/____
Last **First**

Address: _____
Street **City** **Zip**

Home Phone: (____) ____ - _____

Grade in School: _____

Please allow _____ the privilege of participating in interscholastic athletics during the 2020-21 school year. If there are any sports in which I do not want him/her to engage in, I have noted the fact below. I understand that there are risk of serious injury (and possibly death) inherent in participation in middle school sports. I have discussed this possibility with my student athlete and we are both aware of the injury risk involved. I understand that the school district will take every reasonable precaution to avoid the occurrence of accidents and therefore it is not responsible for accidents that occur as part of athletic participation.

I, undersigned parent/legal guardian of _____ do hereby certify that he/she is presently covered under the following medical/hospital expense insurance.

NAME OF INSURER

POLICY NUMBER

Hospital Preference: -----

Known Allergies: -----

Restricted Activities: -----

Sports participating in: -----