

BROOKLYN HIGH SCHOOL

Student's Name: _____

Dear Parent or Guardian:

We are pleased to have your son/daughter participate in interscholastic sports this year. We are sure he/she will both enjoy and benefit from it.

Students planning on participating in winter, spring, summer or fall athletic teams MUST be covered by medical insurance, either a policy that you already have, or the school insurance if you have purchased it.

School Accident Insurance is available each September in the High School Office, at a very reasonable cost.

Please indicate below what type of insurance you have or if you wish to purchase School Accident Insurance, so that your son/daughter will be covered by some type of medical insurance. Students will not be permitted to participate in athletics without some form of insurance.

Parents and students are responsible for completing all forms and returning them to the High School Athletic Office.

We hope that you understand our insistence that all students be covered by some type of medical insurance before participating in athletics.

Sincerely,

Ryan Kelber
Athletic Director

(Type Of Insurance)	
(Name of Insurance Company)	
Student's Name	Date
Signature of Parent or Guardian	