

Dr. Andraé Townsel  
Superintendent of Schools



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## Insurance Waiver Form

Date: \_\_\_\_\_

My student (name) \_\_\_\_\_ Grade: \_\_\_\_\_, will be covered by the following insurance in case of injury while participating in Middle School or High School Athletics.

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

PCP Physician Name: \_\_\_\_\_

PCP Physician Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian (Print)

\_\_\_\_\_  
Parent / Guardian (Signature)