

**LETCHWORTH CENTRAL SCHOOL
Gainesville, New York**

“ATHLETIC INSURANCE CONSENT”

MEMO TO: All Parents of Students Participating in Interscholastic Sports at
Letchworth Central School
FROM: D. Todd Campbell, Superintendent of Schools
RE: Student Accident Insurance

The school's accident insurance is known as non-duplicating insurance. In all cases, if the parent or guardian has insurance, their insurance would cover the injury first. The difference between the initial coverage and the actual cost would then be covered by the school's insurance up to the limits of the school's policy. If the parents have no insurance, then the school insurance would cover the cost up to the policy's limits.

It is important for you to understand that the school's accident insurance coverage may not cover the entire cost of an injury and any remaining costs must be borne by the student's parents or guardian.

Also, any accident that occurs, no matter how minor, must be reported by the student to the coach in charge and then to the school nurse. Depending on the type of accident, the service of the physician may be secured.

We ask you to sign and return the parent or guardian consent statement attached and have your child return it to school. If you have any questions regarding this insurance, please contact the School Nurse, Diane Houseknecht, or the Athletic Director, Tyler King at 493-2571.

✂ -----

LETCHWORTH CENTRAL SCHOOL

Player Regulations and Training Rules

Signature Request Form

Please date and sign the following and return to school.

My signature below, or electronic acknowledgement, acknowledges my receipt of the Letchworth Central School Player Regulations and Training Rules. I have read the foregoing regulations. I fully understand the same and agree to abide by them.

Date

Student Signature

I have reviewed the player regulations and training rules with my son/daughter and I will encourage them to abide by these regulations.

Date

Parent/Guardian Signature