



Board of Education

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STUDENT-ATHLETE INSURANCE INFORMATION

- Please initial next to the statement that describes your insurance situation.
- Student-Athletes are not eligible to participate in any athletic skill developments, practices or games without insurance information being declared.

Thank you for your recognition and cooperation with this important matter.

_____ I have insurance and have provided a photocopy of my insurance card.

_____ I do not have insurance, but I have purchased insurance through the student insurance program and I will provide a copy of the receipt.

Visit the Craven County Schools website by following the link:
https://www.hsri.com/k12_enrollment/main/default.asp

_____ I do not have insurance and I do not intend to purchase insurance. I am aware that I am responsible for any injuries that my student-athlete incurs up to the point where the School's Catastrophic Insurance activates.

Student-Athlete's Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____