ATHLETIC INSURANCE COVERAGE
Conestoga Public Schools

Student-Athlete Name _____

Athletes and Parents,

Conestoga Public Schools will be offering athletic insurance coverage to participants. The purpose is to assist in the cost of treatment of accidental injury. The insurance company plan will be made available to those who wish to participate. The cost of the athletic insurance will be borne totally by the parent.

Whether you wish to participate or not, please complete this form. **No athlete may participate as a member of any team until this form has been completed and submitted to the school through the activities director or coach/sponsor.**

CHECK THE STATEMENTS WHICH APPLY:

_____ I will participate in the Athletic Benefit Injury Plan offered by Conestoga Public Schools and have completed the required application and paid the premium cost.

_____ I will not participate in the Athletic Benefit Injury Plan and will assume all expenses for accidental injury. My son/daughter is covered by another policy.

_____ I choose not to enroll my daughter/son in an insurance program and I understand I will be responsible for all expenses for treatment of any accident or injury.

_____ _____

Parent/Guardian Signature Date