

**SPENCERVILLE SCHOOLS ATHLETIC DEPARTMENT**  
**2009-2010 ATHLETIC INSURANCE WAIVER**

**Student's Name** \_\_\_\_\_

Please place an "X" on the appropriate line.

\_\_\_\_\_ I hereby certify that we have, and will maintain a sufficient accident insurance program covering medical, dental, and surgical expenditures (hospitalization) incurred by my children while participating in the Spencerville Schools athletic program.

I hereby resolve to absorb all medical, dental, and surgical expenditures for our children while a member of an athletic team during the school year, and will not hold Spencerville Local Schools, it's administration, or coaches liable for such expenditures.

\_\_\_\_\_ We do not have insurance coverage, but hereby resolve to absorb all medical, dental, and surgical expenditures for our children while a member of an athletic team during the school year, and will not hold Spencerville Local Schools, it's administration, or coaches liable for such expenditures.

**Parent's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Guardian \_\_\_\_\_

Please provide the following information for school use:

Insured \_\_\_\_\_  
(Name that appears on policy)

Insurance Company \_\_\_\_\_

Local Agent \_\_\_\_\_  
(If applicable)

Policy Number \_\_\_\_\_

Is your insurance group at work? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of your company (employer) \_\_\_\_\_