

### MVJHS ATHLETIC WAIVER

To: Parents of Students Participating in Athletics

Subject: Accidents and Insurance

1. Accidental injuries are occasionally suffered by pupils who engage in sports even though such participating is supervised. When such injury is suffered in a supervised practice, in a contest, or perhaps, in travel to and from such a contest, financial responsibility is very important.
2. As you know, the School District annually provides the opportunity for a student to take "student insurance" which covers the student in all MVJHS athletics. The "student insurance" premium is comparatively low, and it is strongly recommended that every student participating in athletics be so covered. A student with "student insurance" is covered at school, to and from school, at all school functions, etc., including sports and athletics.
3. An emergency medical card should be completed and on file in the nurses office.

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### INSURANCE INFORMATION

To: Principal

Student's Name: \_\_\_\_\_

I hereby give my consent for my son/daughter to participate in the following athletic/sports programs at MVJHS.

Please check one of the following:

- a. \_\_\_\_\_ My son/daughter has taken out "student insurance" this year.
- b. \_\_\_\_\_ I feel that I have adequate insurance otherwise to cover any injury that my son/daughter might possibly incur in athletics or sports. I understand that his/her participation in athletics and/or sports is voluntary, and if he/she is injured, I will be responsible for any and all bills in connection thereto and will not expect nor request that any compensation be recovered from the local school district nor the particular school involved.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

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### PHYSICAL STATEMENT

PHYSICIAN'S STATEMENT: I have examined the heart action, blood pressure, lungs and general physiological condition of the above student and believe him/her to be physically fit to participate in all sports except \_\_\_\_\_ during the present school year. I have found him/her to be free from serious heart or lung disorder, hernia, and venereal diseases.

Date \_\_\_\_\_ Physician Signature \_\_\_\_\_