

Freeburg Community High School

Athletic Insurance Policy

Athlete's Name _____

Each student who participates in athletics at Freeburg Community High School must be covered by an insurance policy that will cover any and all injuries that may occur while the student is participating in an athletic event at Freeburg High School.

I understand that my son or daughter cannot participate in athletics at Freeburg High School without an insurance policy that will cover any and all injuries that may occur.

Signature _____ Parent/Guardian

Date _____

If your son or daughter is covered by your family insurance policy for all sports that your son or daughter participates in at Freeburg High School, please complete the following:

My son / daughter (circle) is covered by our family insurance for all and any injuries that may occur while participating in athletics at Freeburg High School. Our insurance company is _____ and the policy number is _____. This policy is through the following company or organization, _____.

If your son or daughter is (will be) covered by school insurance, please complete the following:

My son / daughter (circle) is covered by school insurance. The policy that I purchased was _____ school time policy or _____ the 24 hour policy. (check all that apply)

If your son elects to participate in football and he is not covered by your family insurance for football injury, you must purchase the school insurance policy (any of the three options). You must also purchase the optional football coverage.