

***Perry High School  
Athletic Insurance Waiver***

This form **must** be completed by the parents or guardians of all athletes.

Name of Athlete: \_\_\_\_\_ Grade: \_\_\_\_\_ *in 16/17*

I/We agree that as parents and/or guardians, we will pay all medical and transportation costs resulting from injury while my student is participating in any sport or activity program representing Perry High School. I/We authorize the school official in charge of such activity to obtain service and provide emergency medical attention at my expense.

I/We have checked with our insurance representative and he will process claims resulting from participation in the sports activity program.

Yes \_\_\_\_\_ No \_\_\_\_\_

Our son/daughter is protected under a health and accident insurance policy issued by:

\_\_\_\_\_  
Name of Issuing Insurance Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Athletic Director