

MADISON CITY SCHOOLS

ATHLETIC INSURANCE FORM

School _____

Grade _____

Already have Insurance:

I, _____, parent of _____,
(Parent/Guardian) (Student)

have insurance coverage on my son/daughter. The following policy covers their participation in sports at school.

Insurance Company: _____

Policy # _____

Will need Insurance:

_____ I need to take the school offered insurance protection.

Date: _____ Signed: _____

Parent/Guardian