

Insurance Waiver

This section must be completed by the parent/guardian before any participation (conditioning, completion, practices, scrimmages, or tryouts), will be allowed by the athlete.

It is my (our) understanding that South Haven Christian School, its athletic department, its administrators, and its board of education will NOT assume the responsibility or obligation for any medical bills or debts resulting from any injury to the above named player while practicing or playing in any practice session, scrimmage, or contest.

Please check the appropriate space below:

_____ We have private insurance for _____

Printed name of athlete

_____ Name of Insurance Company

_____ Policy Number

_____ We do not have private insurance for _____

Printed name of athlete

Signature of parent/guardian

Date

Printed name of Parent / Guardian