

CLARK COUNTY SCHOOL DISTRICT ATHLETICS INSURANCE WAIVER - STUDENT

I certify that my child, _____ , has full health and accident
Name of Student

coverage with _____ , _____ ,
Name of Carrier Policy Number

Expiration Date of Policy

This policy covers any and all accidents and injuries that may be sustained while engaging in any extracurricular athletic activity. In the event of cancellation of the above policy or substitution of the policy, I will immediately notify the school principal of such action.

 Signature of Parent or Guardian

 Address

 School

 Sport

_____, 20____
 Date

DISTRIBUTION: White copy - Principal Canary copy - Parent Pink copy - Department of Student Athletics