

Minford Local Schools Athletic Department Insurance Acknowledgement /Waiver

All Athletes competing on interscholastic teams sponsored by the Minford Local Schools (Grades 7-12) MUST purchase insurance coverage or have a waiver signed by the parent or guardian stating the athlete is adequately covered by another policy. One or the other must be in place prior to the beginning of the first official OHSAA practice. This form will remain active until a change of status is requested by the parents. It is understood that there are risks in any athletic participation and that severe injury, paralysis or even death could occur.

WAIVER: I, the legal parent/guardian of the named athlete, already have adequate insurance coverage for my child and specify when I sign on the line provided.

I, _____ with to waive the student-athlete
Parent/Guardian Name (Printed)

insurance coverage for _____
Student-Athlete Name (Printed)

Address _____ Phone _____

Insurance Company _____ Policy # _____

Source of Coverage _____

Family Physician _____

Athlete's Signature _____ Grade _____

Parent/Guardian Signature _____ Date _____