

INSURANCE COVERAGE FOR ATHLETICS

This form **must** be completed and turned into the office before the participant may begin practice for any sport.

Dear Parent(s)/Guardian(s):

The Oregon School District is aware that many families have adequate health and accident insurance; however, there are some families whose coverage is not adequate or who have no insurance. Those students participating in interscholastic sports are particularly susceptible to accidents and injuries and, although the school is not legally responsible for such injuries except in cases of negligence, we do feel an obligation to see that all athletes have proper insurance protection. A low cost group insurance plan is being offered through the school. If you are interested in this insurance plan please contact the District Sports Administrator or the School Principal.

If you are **NOT** interested in this insurance program please fill out the remainder of this form pertaining to your family's insurance coverage.

Student Name	Grade
Address	Phone
Parent's Place of Employment	
Family Physician	
Name of Private Insurance Carrier and Address	
Policy Number	Expiration Date

OUR FAMILY HEALTH INSURANCE POLICY IS ADEQUATE IN CASE OF AN EMERGENCY, AND WE THEREFORE DECLINE TO ENROLL OUR SON/DAUGHTER IN AN ADDITIONAL INSURANCE PROGRAM.

Parent/Guardian Signature

Date

I hereby give my permission for the student named above to practice and compete, representing Oregon Senior High School in WIAA approved interscholastic sports. I also grant permission for emergency medical care to be given by the team physician or any other physician present if my son/daughter is injured during practice or interscholastic competition.

I understand that by signing this form, payment for medical treatment of any injury resulting from practice or athletic competition will be assured by the above identified policy and not by school purchased athletic insurance coverage.

Parent/Guardian Signature

Date