

Insurance Waiver Form

Every athlete must have personal health insurance before being permitted to participate in any athletic program for Keystone Local Schools. This form serves as proof of insurance for each child. If the child does not possess health insurance, affordable insurance may be purchased for the athletic season or for the entire school year by filling out the forms available to the students in the school office.

This form is required to be turned at the beginning of each athletic season.

CHOOSE ONE OF THE FOLLOWING OPTIONS

OPTION #1- INSURED

_____ (Athlete's name) is insured with _____
(Company name) under the policy number _____, covering
hospital and medical care. We request that our son/daughter be exempt from paying the
charge for _____ (name of sport) insurance for the 2022-2023 school year. We
assume all responsibility for injuries received by our son/daughter through participation
during interscholastic or intra-scholastic competition.

_____ (Parent signature) _____ (date)

OPTION #2- WANT TO BUY SCHOOL INSURANCE

_____ (Athlete's name) is currently uninsured. Please send
information regarding the purchase of said insurance. When a policy is issued, policy
numbers will be remitted to the athletic department and then, and only then, will my
son/daughter be permitted to participate in _____ (name of sport) for the
2022-2023 school year, at which point we will assume all responsibility for injuries
received by our son/daughter through participation during interscholastic or
intra-scholastic competition.

_____ (Parent signature) _____ (date)