

GCMS CUSD #5

NOTICE TO PARENTS OF STUDENTS PARTICIPATING IN ATHLETICS

ATHLETIC INSURANCE

1. GCMS CUSD #5 is not responsible for injuries or loss resulting from participating in athletics.
2. In order to compete in athletics, the Board of Education of GCMS CUSD #5 requires that all athletes have accident insurance.
3. Practically all policies have certain limitations and in most cases do not cover the entire expense of accident and injuries. It is important that you understand the coverage that you have. The student accident insurance will be written through the Insurance Providers Inc. and administered by American Youth, Inc., River Forest, IL.
4. Expenses over and above the insurance coverage are the responsibility of the parent, and the school district assumes no obligation for this occurrence.
5. Costs of the student accident insurance are explained in another handout. If you are interested in the student accident insurance, please ask for the handout.
6. Football insurance covers the student for participation in football only. If students wish to be protected for participation in other athletics in addition to football, they must carry the regular school policy.

STUDENT ATHLETIC INSURANCE VERIFICATION

ATHLETE'S NAME \_\_\_\_\_ GRADE \_  
\_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
\_\_\_\_\_

I understand that the Board of Education of the Gibson City-Melvin-Sibley Community Unit School District #5 requires that my child be covered by my family hospitalization and medical insurance AND/OR the school district's accident insurance in order to participate in athletics at the Gibson City-Melvin-Sibley Elementary, Middle, or High School during the current school year.

My son or daughter is covered by my present medical insurance and will be for the duration of the current school year.

\_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE ATTACH A LETTER FROM YOUR INSURANCE COMPANY VERIFYING THAT YOUR CHILDREN ARE COVERED AGAINST ATHLETIC RELATED INJURIES.

I wish to purchase the school's accident policy. \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

\_\_\_\_\_