

ACKNOWLEDGMENT OF INSURANCE PLAN AND/OR WAIVER FORM  
(ALL ATHLETES MUST RETURN THIS FORM PRIOR TO PARTICIPATION)

Dear Parent(s)/Legal Guardian(s):

As a Parent of \_\_\_\_\_ who desires to  
(Name of Student Athlete)  
participate in \_\_\_\_\_, an Athletic Program this  
(Sport)

year in the AVON LAKE CITY SCHOOL DISTRICT, I hereby certify that I have carefully studied the plan provided by the school for the mutual protection of athletes in the financial risk of athletic injuries, and that I DO NOT WISH my child to be a participant in the plan.

I also certify hereby that, in lieu of participating in this plan, I shall assume full financial responsibility for any athletic injury of my child requiring treatment beyond the facilities of the school, and that I shall not expect or request any financial aid from the school or any agency of it, in case of such injury.

The athlete mentioned above has accident insurance in the following company and will not sign up for the AVON LAKE CITY SCHOOL DISTRICT Accident Benefit Plan

NAME OF INSURANCE COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Parent/Guardian)

We are taking the School Insurance and have mailed a check to:

Insurance Specialists Group DBA Love Insurance Agency effective \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Parent/Guardian)

I thank you for your cooperation and ask that if you have any questions please feel free to give my office a call.

Thomas R. Barone - Director of Athletics

