

KANELAND HIGH SCHOOL ATHLETIC DEPARTMENT INSURANCE WAIVER FORM

ATHLETE'S NAME: _____

YEAR: 9 10 11 12

PARENT'S NAMES: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: _____ PHYSICAL DATE: _____

DATE OF BIRTH: _____ COUNTY/STATE OF BIRTH: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY NUMBER: _____

I GIVE PERMISSION TO SECURE EMERGENCY MEDICAL TREATMENT FOR MY CHILD:

YES _____ NO _____

CIRCLE SPORTS

- | | | | | | | |
|---------------|---------------|------------|--------------|-----------|--------------|-------------|
| FALL | CROSS COUNTRY | FOOTBALL | TENNIS | GOLF | VOLLEYBALL | BOYS SOCCER |
| WINTER | | BASKETBALL | BOWLING | WRESTLING | | |
| SPRING | | TRACK | SOFTBALL | BASEBALL | GIRLS SOCCER | |
| | | POM PONS | CHEERLEADING | | | |

PARENT APPROVAL AND RESPONSIBILITY FOR INTERSCHOLASTIC ATHLETIC PARTICIPATION AT KANELAND HIGH SCHOOL

It is with my full knowledge and consent that my athlete, _____ participates in interscholastic athletics under the guidance of a certified coach of District 302. I accept the fact that the coaches and administration will not be responsible for any practice my athlete may do outside of the school athletic program.

I may take the school accident insurance plan as protection against injury and I understand that such medical expenses are not likely to be covered completely, but rather the benefits will be provided as described in the policy on file in the office of District 302, 47W326 Keslinger Road, Maple Park, IL 60151. Responsibility for the final payment of claims will in all probability, be a joint effort between the school district insurance carrier and my family insurance carrier. I also understand that I may waive the school accident insurance and provide protection of my own choice.

COVERAGE OPTIONS	BENEFIT OPTIONS		
	<input type="checkbox"/> Elite Plan	<input type="checkbox"/> Superior Plan	<input type="checkbox"/> Economy Plan
Around-the-Clock Accident Coverage	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$ 98.00	<input type="checkbox"/> \$ 62.00
Around-the-Clock Accident and Sickness Coverage	<input type="checkbox"/> \$479.00	<input type="checkbox"/> \$336.00	<input type="checkbox"/> \$198.00
Schovertime-Only Accident Coverage	<input type="checkbox"/> \$48.00	<input type="checkbox"/> \$ 27.00	<input type="checkbox"/> \$ 18.00
*Extended Dental	<input type="checkbox"/> \$ 6.00	<input type="checkbox"/> \$ 6.00	<input type="checkbox"/> \$ 6.00
Football-Only	<input type="checkbox"/> \$242.00	<input type="checkbox"/> \$143.00	<input type="checkbox"/> \$ 84.00
Total Payment Enclosed	\$	\$	\$
*Note: Extended Dental Coverage is available only in combination with Around-the-Clock or Schovertime-Only Coverage.			

_____ I wish to waive the school insurance, and will be fully responsible for any insurance needs relating to my athlete's interscholastic participation.

**Forms are available in the HS office. Checks must be made out to Commercial Travelers and mailed by the family for prompt coverage.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____