

**STAUNTON COMMUNITY UNIT SCHOOL DISTRICT #6  
STAUNTON HIGH SCHOOL**

**STATEMENT OF INSURANCE AND WAIVER**

\_\_\_\_\_ (parent/guardian) of

\_\_\_\_\_, a student  
at Community Unit School District No. 6, commonly known as Staunton  
High School, who is a candidate for the athletic team of said school,  
hereby state that there is in effect medical and hospital insurance  
covering said student provided by:

\_\_\_\_\_  
(Name of Insurance Company)

The undersigned; therefore, do not want the coverage provided by a  
group accidental policy which can be acquired through said school at a  
small cost to the parent or student. The undersigned understands that  
said candidate for the athletic team may be injured and hereby waives  
any claim against said School District, it's agents or employees, for any  
medical, hospital, drug, dental, or any other expenses or loss by reason  
of an accidental injury incurred by said candidate in connection with  
his participation in sports.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Parent/Guardian)