

**STAUNTON COMMUNITY UNIT  
SCHOOL DISTRICT #6**

**STATEMENT OF INSURANCE AND WAIVER**

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

\_\_\_\_\_, a student at Community Unit School District No. 6, who is a candidate for an athletic team, 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/her participation in sports. **A copy of the insurance card (front and back) will need to be turned in with this form.**

Dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Copy of insurance card attached

\_\_\_\_\_ Coach or office staff initials