

WAIVER FOR ATHLETIC INSURANCE

FOR ALL ACTIVITIES EXCEPT FOOTBALL IN GRADES 9-12

I understand that one requirement of eligibility for participation in athletics or cheerleading is adequate insurance coverage against injury while in practice or in play.

Since my child is adequately covered with such accident insurance with appropriate policies which I already carry, I do **not** desire to obtain coverage offered by the DeKalb County Board of Education. Such coverage would result in a duplication of insured benefits.

I certify that my child is adequately covered with personal or family accident insurance, and I do not wish to purchase accident insurance through the Student Scholastic Accident Insurance Program sponsored by the DeKalb County Board of Education.

I hereby state that I am the legal guardian of said child and I am authorized to make this decision.

SPORT/ACTIVITY _____

DATE _____

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF STUDENT
(Witnessed by Principal or Representative)

SIGNATURE OF PRINCIPAL OR
REPRESENTATIVE Having Witnessed Student
Signature.