

STUDENT INSURANCE PROGRAM
(Athletes Accident Insurance Coverage)

W A I V E R

Date: _____

To: _____
(Name of School)
Shreveport, Louisiana

Attention: _____
(School Principal)

_____ has my permission to participate in the following
(Name of Student)

INTERSCHOLASTIC SPORTS during the year _____:

| | | | |
|------------|-------|-----------------|-------|
| Football | _____ | Golf | _____ |
| Basketball | _____ | Track | _____ |
| Swimming | _____ | Tennis | _____ |
| Baseball | _____ | Volleyball | _____ |
| Softball | _____ | Other (Specify) | _____ |

I understand that the only accident and hospitalization insurance coverage provided through Caddo Parish School Board is the LHSAA Catastrophe Accident Insurance.

I understand that prior to my child participating in **INTERSCHOLASTIC SPORTS**; my child must be approved as physically fit to participate in the **INTERSCHOLASTIC SPORTS** shown above. Your child's physician must complete and sign the LHSAA MEDICAL HISTORY EVALUATION. This form **must** be returned on or before the first official day of practice.

I understand that **INTERSCHOLASTIC SPORTS** are a physical activity. Students will receive supervision and instruction. However, due to the physical nature of **INTERSCHOLASTIC SPORTS**, injuries can and do occur.

(Signature of Parent or Guardian)

BEFORE ME, _____, a Notary Public, duly commissioned and qualified, in and for the Parish of _____, the State of Louisiana, and for the State of Louisiana, there **PERSONALLY CAME AND APPEARED** _____, whose signature is hereinabove written.

(Date)

(Notary Public)

Note: Parents are encouraged to review their personal insurance policies relative to coverage of athletic injuries. If these athletic injuries are not covered, it is suggested that school insurance coverage be considered.

HSISW