

Student Name: \_\_\_\_\_  
(please print)

**THIS WAIVER OF INSURANCE MUST BE SIGNED IN THE PRESENCE OF THE PROPER SCHOOL OFFICE PERSONNEL AT THE HIGH SCHOOL OR NOTARIZED BY A NOTARY PUBLIC.**

**INSURANCE WAIVER**

The Board of Education and school personnel of the East Alton-Wood River Schools are vitally interested in the safety and well being of students. We are particularly concerned that students who participate in extra-curricular athletic programs have adequate insurance coverage in case of injury. The Board of Education has approved an insurance agency or you may provide an indication of your own policy in order to meet this requirement for participation.

\_\_\_\_\_ I have purchased school approved insurance for my child to participate in a sport.

Policy Number: \_\_\_\_\_

\_\_\_\_\_ I have been informed concerning the insurance program and do not wish to participate. My child is adequately covered by a policy with the following:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Office Personnel

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State of Illinois :  
: SS  
County of Madison :

\_\_\_\_\_ being duly sworn, on oath states that the above  
Parent/Guardian  
statement is true and complete.

Subscribed and sworn to before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public