



**ALL SPORTS INSURANCE
(Except Football)**

Name of Student Athlete: _____

List of Sport/s that the student athlete will participate in for the 2006-2007 school year:

Dear Parent/s:

As most of you are aware, all Varsity and Junior Varsity student athletes must have some type of insurance in order to tryout and/or participate in high school sponsored sports. It can be Blue Cross/Blue Shield or some other type of group coverage from your place of employment. Or, you may purchase insurance from Markel Insurance Company. Either option will be acceptable, as long as you agree to release Fox Creek High School from any financial obligation resulting from injury.

Thank you for your consideration in this matter. If you need any further information, please, do not hesitate to contact me at 803-613-9435.

Sincerely,

Russell Schneider
Athletic Director

I agree that my son/daughter is adequately covered by my insurance policy, and I will be responsible for any financial obligation resulting from injury.

Parent name & signature: _____

Date: _____

Insurance Company: _____

Policy #: _____

I **DO NOT** have any type of insurance and would like to purchase insurance for my son/daughter.

Parent signature: _____

Date: _____