

Midland Trail High School

PO Box 89
26719 Midland Trail
Hico, WV 25854

Phone: 304-658-5184

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PROOF OF INSURANCE

I understand that participation in sports may cause serious injury. I also understand that I am totally responsible for any and all medical expenses that may result in participating in any sport.

I, parent of, _____ do
hereby affirm to assume responsibility
(student's name)
for the insurance for the above named student.

A copy of this insurance MUST be submitted before the student athlete is permitted to participate, including practices.

In doing so, I relieve the school of all legal and/or financial responsibility in case of injury and/or illness resulting from participating in sports.

*Please note: If you do not have insurance on your child, you MUST purchase insurance to cover any and all injuries that may result while participating in this sport. Forms are available at the school or you can purchase on you own through a local insurance agency. This must be done prior to you child participating in sports at Midland Trail High School.

Insurance Company _____

Policy Number _____

Parent's Signature _____

Date _____

"On the TR²AIL to a better me!"