

# University High School Athletic Department

991 Price Street Morgantown WV 26505

School Phone – 291-9270

Athletic Phone – 291-9274

## Athletic Insurance Verification Form

The undersigned, as parent or guardian of the child named below, desires that the child participate in the athletic program(s) listed below. I also understand that the Monongalia County Board of Education and/or University High School do not carry medical or accidental insurance for students, and I hereby certify that my child is covered by a personal insurance policy, which I have in force. **If your insurance changes, a new form MUST be completed.**

In consideration of University efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or loss to my child or my child's property which, may arise out of my child's participation in the athletic program(s), and hereby release and discharge Monongalia County Board of Education, University High School, and all personnel associated or connected with the athletic program for every claim, liability or damage of any kind.

My execution of this release also authorizes routine medical care for my child and treatment not considered routine to be referred to a local physician or medical facility at my expense.

Date \_\_\_\_\_

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Effective Date \_\_\_\_\_ thru \_\_\_\_\_

Last Physical: Date \_\_\_\_\_ Doctor \_\_\_\_\_

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