



GIBSON CITY MELVIN-SIBLEY COMMUNITY SCHOOL DISTRICT NO. 5

Notice to Parents of Students Participating in Athletics

ATHLETIC INSURANCE

1. Gibson City-Melvin-Sibley Community Unit School District #5 is not responsible for injuries or loss resulting from participation in athletics.

2. In order to compete in athletics, the Board of Education of Gibson City-Melvin-Sibley Community Unit School District No. 5 requires that all athletes have accident insurance.

3. Practically all policies have certain limitations and in most cases do not cover the entire expense of accident and injuries. It is important that you understand the coverage that you have. The student accident insurance will be written through the Insurance Providers, Inc. and administered by American Youth, Inc. (River Forest, IL).

4. Expenses over and above the insurance coverage are the responsibility of the parent, and the school district assumes no obligation for this occurrence.

5. Costs of the student accident insurance are explained in another handout. Be sure to ask for it.

6. Football insurance covers the student for participation in football only. If students wish to be protected for participation in other athletics in addition to football, they must carry the regular school policy.

STUDENT ATHLETIC INSURANCE VERIFICATION

Athlete's Name _____ Grade _____

Father's Name _____ Mother's Name _____

Home Address _____ City _____ Zip _____

Home Phone # _____ Business Phone # _____

I understand that the Board of Education of the Gibson City-Melvin-Sibley Community Unit School District #5 requires that my child be covered by my family hospitalization and medical insurance AND/OR the school district's student accident insurance, in order to participate in athletics at the Gibson City-Melvin-Sibley Elementary School, Middle School or High School during the current school year.

My son or daughter is covered by my present medical insurance, and will be for the duration of the current school year.

YES _____ NO _____

Please attached a letter from your insurance company verifying that your children are covered against athletic related injuries.

I wish to purchase the school's student accident policy.

YES _____ NO _____

Signature of Parent _____ Date _____