

# St. Francis Central Catholic School



## Athletic Verification of Insurance Form

For the benefit of all parties involved, a student participating in any athletic program at St. Francis Central Catholic School in Morgantown, WV is required to have medical insurance coverage.

Therefore, please provide the following insurance information about your child/ward's coverage and return this form to the school's main office. This information will be kept confidential in our files for future reference, if the need should arise.

**Student Athlete Name:** \_\_\_\_\_  
*First Last M.I.*

**Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_  
*First Last M.I.*

**Insurance Company:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
*Any student unable to obtain the required medical insurance; coverage may be obtained through the school.*

### Annual Physical Examination

In order to determine whether a student is physically able to participate in any athletic program at St. Francis Central Catholic School, the student must have an annual physical examination performed by a licensed physician. A copy of the completed WVSSAC Athletic Participation & Physical Form is required to be provided to the school as verification of the examination.

### Release and Waiver of Liability

In consideration of my child/ward participating in any athletic program at St. Francis Central Catholic School, I hereby release St. Francis Central Catholic School and any of its administrators, employees, program organizers, coaches, officials, or agents from any present and future claims; including negligence, property damage, personal injury or wrongful death, arising from my child/ward's participation in any athletic program. I understand that the playing of athletics involves certain physical risks due to the physical activity of my child/ward, as well as the extensive physical contact my child/ward will have with other participants.

By signing this form below, I am attesting that I have read and fully understand the section titles Release and Waiver Liability. In particular, I fully understand that in signing, I am agreeing to release St. Francis Central Catholic School and any of its administrators, employees, program organizers, coaches, officials, or agents from liability, as well as acknowledging that the participation in athletic programs involves certain physical risks to my child/ward.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Parent / Guardian*