**Insurance**

The Alhambra Elementary School District requires the parents of all students participating in an athletic program involving competition to have insurance in the event of accidental injury. Please fill out the appropriate portion of this form indicating the type of coverage that you have for your child.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student |  | Date of Birth |  |
|  | First Last |  |  |

###### Check and complete one of the following:

Personal Health and Accident Policy

|  |  |
| --- | --- |
|  |  |
| Name/Title of Company | Address |

|  |
| --- |
|  |
| Policy Number |

Covered by Other Means (please explain)

|  |
| --- |
|  |
|  |

I hereby absolve and hold harmless the Alhambra Elementary School District of all financial responsibilities incurred as a result of accidental injury during practice or competition in athletic events. **THIS FORM IS TO BE COMPLETED BEFORE THE STUDENT IS ALLOWED TO PARTICIPATE IN EITHER PRACTICE OR COMPETITION.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Parent/Guardian Printed Name** |  | **Relation to the Student** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Parent** |  | **Date** |