**2017-18 Lloyd C. Bird High School**

**Insurance & Student-Athlete Handbook Acknowledgement Form**

Complete and sign this form and return it to your Team Coach.

Prior to participating in team tryouts and/or practice, a student-athlete and his/her parent or guardian must sign and return this form to the head coach or Director of Student Activities.

Lloyd C. Bird High School Student-Athlete Acknowledgement Section: As a LC Bird High School student-athlete, your choice to participate in interscholastic athletics is a privilege.

**Bird High School Athletic Insurance Information**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the student named above is covered by the medical-accident insurance listed below and that I accept the responsibility for the medical costs of this student.

\_\_\_\_\_\_\_\_\_\_ Student covered by school accident insurance. Date Purchased ­­­ \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ Student covered by the following insurance policy.

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ Student not covered by insurance. I accept full responsibility for the medical expenses of the student listed above.

**I have read, understand and will abide by the rules, expectations and guidelines set forth in the LC Bird High School Student-Athlete Handbook.**

**Student-Athlete’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**