



Crestline Exempted Village Schools

Athletic Insurance / Waiver Form

I have participated in the school insurance program this year: Yes / No Date _____

I have not participated in the school insurance program this year: Yes / No Date _____

We have insurance with _____ which will take care of my son/
daughter _____ In the event of injury. I/we will not hold Crestline Exempted Village Schools,
its employees, or any of its departments responsible for any bills resulting from injury in the above
player.

Father or Guardian Signature

Mother or Guardian Signature

Date

Date