

Form 2A

INTERSCHOLASTIC ATHLETIC INSURANCE

Date _____

Grade _____

Athlete _____

We, the parents (or guardian) of the above named athlete, do hereby agree that in case he (she) is injured while participating in a game or practice in the interscholastic sports program, (or while traveling to or from) will not hold the school administration, coaches, the Monroeville Community Athletic League, or the Monroeville Local School Board liable.

This student is covered by hospitalization and Medical Expense insurance (check that which applies below):

Insurance Policy provided by school

Other Policy

Company _____

Amount of Coverage _____

(Please consult your policy or agent to insure adequate coverage against medical and hospitalization expense).

Parental (or Guardian) Signature

(Return this form with athlete to the Athletic Director before the athlete begins participating in practices or games.)