

HENDERSONVILLE HIGH SCHOOL
PRE-SEASON INSURANCE FORM

HENDERSONVILLE HIGH SCHOOL DOES NOT CARRY ANY TYPE OF MEDICAL INSURANCE ON ATHLETES. A THIRD PARTY POLICY IS AVAILABLE IN ACCORDANCE WITH SUMNER COUNTY GOVERNMENT. A COPY OF THIS POLICY IS AVAILABLE FROM THE SCHOOL AND YOUR ATHLETE'S COACH.

Return this form to your coach regarding your insurance status

_____ I plan to purchase the insurance policy offered by the school. THIS POLICY IS IN EFFECT ONCE THE COMPANY RECEIVES PAYMENT FOR THE PLAN(S). THIS POLICY IS HELD OUTSIDE HENDERSONVILLE HIGH SCHOOL AND THE SUMNER COUNTY GOVERNMENT.

_____ I have personal insurance to cover my child in the sport he/she is participating.

_____ I understand my financial responsibility relating to my child's participation and travel in Sport activities and choose not to accept this plan.

Please mark the appropriate section and sign below indicating your choice of insurance coverage.

Student's Name _____

Parent's Name _____

(Date)