INSURANCE QUESTIONAIRE FORM

TO: PARENTS/GUARDIANS OF ATHLETES

It is a policy of the Northeastern District to have each boy/girl participating in athletics to have accident insurance protection in case of an injury while conditioning, practicing and/or competing. We make this requirement, not anticipation of injuries, but as a financial safeguard in case and injury should occur.

An excess accident insurance policy is available through the Northeastern Schools at a nominal fee. This policy covers any injury incurred during attendance at school, travel to and from school or any school-sponsored event with the exception of varsity football. Your son/daughter may purchase this accident insurance if you desire. An additional policy is available for varsity football.

Please fill out the form and have your son/daughter return it to his/her coach even though you may not wish to avail yourself to the school insurance.

1. Is your son/daughter covered by any type of accidental insurance?
   _____ Yes _____ No

2. Please indicate the name of the accident insurance company:

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3. I, the parent/guardian, will assume financial responsibility incurred through an athletic injury in conditioning, practice and/or competition.

_____ _____
Athlete's Last Name First Name Grade

_____ _____
Signature of Parent/Guardian Date

Northeastern Local School District Athletics
Awareness Form

_____ _____
Athlete's Name Grade

I have read, and am aware of, the rules and regulations that govern the conduct of participants in the District's Athletic departments.

I have read and understand the rules established by the coach, school and Northeastern Local School District. If I choose to disobey, I understand the consequences and agree to accept them.

_____ _____
Signature of Athlete Date

_____ _____
Signature of Parent/Guardian Date