

Morgantown Middle School Lacrosse

Athletic Insurance Verification Form

The undersigned, as parent or guardian of the child named below, desires that the child participate in the **Middle School Lacrosse program**. I also understand that the Monongalia County Board of Education and/or coaches do not carry medical or accidental insurance for students, and I hereby certify that my child is covered by a personal insurance policy, which I have in force. **If your insurance changes, a new form must be completed.**

In consideration of the coaches efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage and/or loss to my child or my child's property which, may arise out of my child's participation in the athletic program, and hereby release and discharge Monongalia County Board of Education and all personnel associated or connected with the athletic program for every claim, liability, or damage of any kind.

My execution of this release also authorizes routine medical care for my child and treatment not considered routine to be referred to a local physician or medical facility at my expense.

Date _____

Participant's Name _____

Grade _____ **School** _____

Parent/Guardian's Name _____

Home Address _____

Home Phone _____ **Work Phone** _____ **Cell** _____

Insurance Company _____ **Policy #** _____

Policy Holder's Name _____

Effective Date _____ **through** _____

Last Physical: Date _____ **Doctor** _____

Parent/Guardian Signature _____