

**CULLMAN CITY SCHOOLS
INSURANCE COVERAGE FOR ATHLETES**

Parents: Please indicate if your child is covered by health insurance, and you **DO NOT** want to purchase the school day accident insurance policy. This form must be completed and returned to the coach before the athlete is allowed to practice.

Please check:

() I **DO NOT** wish to purchase the school day accident insurance. By this indication I verify that I have health insurance that will cover my child in the event of an accident. Further, I agree that should I lose insurance coverage on my child, I will immediately contact the school.

Fill in the following information:

Name of Student

Grade

Date

Name of Insurance Company

Policy Number

Address of Insurance Company

Phone No. of Insurance Company

Parent's Signature

Parent's Phone No.

*** If you wish to purchase the school accident policy, see your coach for the form. ***