

Insurance for Interscholastic Athletics

_____, a student in the
Willoughby-Eastlake City School System, is covered by the
Following medical insurance policy.

Name of Company: _____

Policy Number: _____

Certified by: _____
Parent Signature

In case of injury, while participating in interscholastic athletics, we, the
parents of the above named student, will assume full responsibility for any
claims resulting from said injury.

Date: _____

Signed _____
(Parent or Guardian)

Address _____

Phone No. _____