



# WILLIAM & REED

## ACADEMY

### Student Athlete Verification of Insurance Coverage

Sport: \_\_\_\_\_ Date of first practice: \_\_\_\_\_

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ or Female \_\_\_\_\_  
(last name) (first name) (MI)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years old  
(Month) (Day) (Year)

Address: \_\_\_\_\_  
(# and Street Name) (City) (State) (Zip Code)

Home Telephone Number: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_

The medical/health insurance that I am using for my child for the current school year at William & Reed Academy is provided by \_\_\_\_\_ (Name of Insurance Company) and the insurance policy number is \_\_\_\_\_. This insurance policy is in effect from \_\_\_\_\_ to \_\_\_\_\_ (date).

**Attach** a copy of Medical/Health Insurance Certificate to this form to verify information listed above. Thank you.

We/I understand that per William & Reed Academy and GISA a pre-participation physical evaluation must be performed by a physician to medically screen each student who participates in the interscholastic athletic programs. We/I understand that a basic medical screening (the required physical exam) is general in nature and limited in scope and does not indicate or assure me/us that my/our child is completely free from impairments. If I/we wish for a more detailed physical exam to be performed upon my/our child, then it is my/our responsibility to arrange to pay for such an exam. If this more detailed exam is performed, it is my/our responsibility to notify William & Reed Academy, and its appropriate employees, of any potential medical problems uncovered by any physical exam given to my/our child other than the general physical required by William & Reed for athletic participation. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for my/our child, for myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge, and hold harmless the employees and coaches of William & Reed Academy from any and all liability, personal or property damages, claims, causes of action or demands brought against William & Reed or indemnified party arising out of any injuries to my/our child or to his or her property or losses of any kind which may result from or in connection with his or her participation in any activity related to the interscholastic athletic programs provided by William & Reed Academy.

My signature below attests that I have read, understood and concur with the information on this form, and that I give consent for my child to participate in the athletic program as stated above.

ALL STUDENT ATHLETES AND PARENTS/GUARDIANS MUST SIGN BELOW AND DATE

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature or Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

PRIOR TO PARTICIPATION IN ANY CONDITIONING, TRYOUT, PRACTICE SESSION, OR PLAY IN ANY INTERSCHOLASTIC ATHLETIC ACTIVITY, THE STUDENT ATHLETE MUST SUBMIT THIS FORM TO THE COACH OF THE ACTIVITY. FAILURE TO SUBMIT THIS FORM WILL DELAY THE ELIGIBILITY OF THE STUDENT-ATHLETE TO JOIN THE TEAM.