

Form A-1
Revised 10/16/01

NEENAH JOINT SCHOOL DISTRICT
Neenah, Wisconsin
ATHLETIC INSURANCE WAIVER

We (I) the undersigned, have adequate health and accident insurance and take full financial responsibility for any and all injuries sustained by our/my son/daughter/me (_____) (_____) while participating, in practice sessions or actual insert name of student-athlete grade

competitions in practice sessions or actual competitions, in a WIAA sponsored sport in the athletic program of the Neenah Joint School District.

We (I) further knowingly and voluntarily waive any and all claims against and forever release the Neenah Joint School District, its Board Members, Officers, Agents and Employees arising from any injury received by (_____) while participating, Insert name of student-athlete

whether it be in practice sessions or in actual competitions, in a WIAA sponsored sport in the athletic program of the Neenah Joint School District.

We (I) realize that the necessary physical examination card must be filed in the athletic office prior to first attending any athletic practice.

My insurance carrier is _____, and my policy number is _____.

Our/my signature below authorizes a coach or designated school district official to admit our/my son/daughter/me to a medical facility and or to the care of a physician, if conditions warrant such action.

Signed _____
Parent or Legal Guardian

Signed _____
Age of Majority Student
(18 years of age or over)

Date _____

Student's I.D. Number: _____