

Please contact the athletic director for further information if necessary.

Insurance Options

You must check one of the following before you will be permitted to practice.

_____ 1. The student-athlete named here has adequate insurance coverage through our family program. Should injury expenses exceed the limitations of our personal family insurance, we will assume any, and all additional costs.

_____ 2. The student-athlete named here is not covered by family insurance. We release Taft Middle School and its representatives from all claims for any and all injuries sustained while participating in the athletic program.

_____ 3. We wish to purchase athletic insurance from Mutual of Omaha's Student Accident Insurance. Claims will be paid only to the extent the loss exceeds any benefits paid or payable by your insurance or benefits. **MUTUAL OF OMAHA IS A LIMITED ACCIDENT INSURANCE, AND MAY NOT TOTALLY REIMBURSE ALL MEDICAL EXPENSES FOR A SPECIFIC INJURY.**

Any parent/guardian wishing to purchase this limited accident insurance plan for their student-athlete must complete an application, including full premium payment, before the first official practice starting date in your child's sport.

Name of
Student-Athlete _____

Grade _____

Signature of
Parent/Legal Guardian _____

Date _____ Telephone _____

Parent-Student Agreement

I have read and understand the Taft Middle School Student-Athlete Handbook. I understand that violations of any of the included regulations will result in action as prescribed. I realize the responsibilities requested of a Taft athlete and the penalties rendered if any of the regulations are violated.

NAME OF ATHLETE

SIGNATURE OF ATHLETE

SIGNATURE OF PARENT