

Frazer Vergas Public Schools

Athletic Insurance Waiver / Risk Form 2025/26

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED to the Frazer School each year, before the student athlete will be permitted to practice and play in any athletic activity.

NAME OF STUDENT: _____

DATE OF BIRTH: _____

GRADE IN SCHOOL: _____

I UNDERSTAND THAT INTERSCHOLASTIC ATHLETIC INSURANCE is available, but that to obtain the benefits of the insurance, I must complete an interscholastic athletic insurance form and pay a premium for said coverage.

I UNDERSTAND that if I do not utilize said coverage, neither the Frazer school district nor the special interscholastic athletic insurance will provide benefits for loss resulting from accidents sustained while the student athlete is participating in interscholastic activities.

WE ARE INFORMED AND ACKNOWLEDGE the risk involved with our son/daughter's involvement in athletic activities at the Frazer School District. We give consent to their participation in said activities with full knowledge of the risk involved, and assume the responsibility of our son/daughter being injured in said activities.

I AM INFORMED AND ACKNOWLEDGE THE RISK INVOLVED with my participation in athletic activities at Frazer Public Schools. I am willing to participate with full knowledge of the risks involved.

SIGNED _____
(Signature of Parent/Guardian)

SIGNED _____
(Signature of Student Athlete)