

GREAT NORTHERN ATHLETICS

Athlete Insurance Waiver

My child, _____, has permission to play football in the Great Northern Athletic League. **We understand that all coaches and schools are not responsible for any injuries that may occur.**

In case of an emergency, care will be given to the athlete. To do so we will need up-to-date insurance information and emergency contact numbers.

Insurance Company: _____

Phone Number of Company: _____

Name on Policy: _____

Insurance Policy Number: _____

Emergency Contact Numbers:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Are there any health concerns we should be aware of dealing with your child? If so, what are they?

We have read and agree to the above conditions. All information is current.

Parent Signature

Athlete Signature