

**MONTICELLO MIDDLE SCHOOL
Athletic Participation Sheet**

Insurance Statement

We wish to carry and have paid for the school insurance offered by Monticello CUSD #25. I understand that this is paid directly to the insurance company and not to Monticello CUSD #25.

* * * **OR** * * *

Insurance Waiver

We do not wish to carry the school insurance offered by Monticello CUSD #25.

Please provide the following information:

Whom should the school call in case of accident to your child?

_____ Phone No. _____

What doctor should be called?

_____ Phone No. _____

Where should the child be taken, if the school cannot get in touch with the parent(s)?

Other instructions you wish the school to have: _____

I, the undersigned, will not hold responsible, unless negligence is proven, anyone connected with the schools of Monticello Unit #25, Monticello, Illinois due to my decision not to take out school insurance. I have been adequately informed by the school of any responsibility based on my decision.

Name of Student

Signature of Parent or Guardian