

City of Woonsocket

EDUCATION DEPARTMENT

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RELAY RHODE ISLAND

1-800-745-5555 (TTY)

1-800-745-6575 (Voice)

AT&T SPANISH RELAY

(Servicio de Relevo de AT&T)

1-800-855-2884 (TTY)

1-800-855-2885 (Voice)

*Nancy Lee Giordano
Athletic Director*

**MEDICAL INSURANCE FOR ATHLETES
VERIFICATION AND WAIVER FORM**

Please complete this form and sign in each of the three areas indicated. A Notary is available at school for your convenience. This form shall remain CONFIDENTIAL. We use it protect your child's health, not disqualify anyone from participation.

A. HEALTH INSURANCE

(1) Health Insurance: _____
Company Name Policy # Name of Insured

(2) Have you purchased School Insurance this school year: Yes _____ No _____

If you answered NO to School Insurance you MUST complete and sign the section below:

B. SCHOOL INSURANCE WAIVER

I AM FULLY COVERED BY MY OWN INSURANCE FOR ANY INJURY THAT MY CHILD MAY INCUR DURING THE TIME OF PARTICIPATION IN

_____.

I HAVE READ SECTION (A) ABOVE AND UNDERSTAND THERE MAY BE LIMITS TO MY COVERAGE. I DO NOT WISH TO PURCHASE SCHOOL INSURANCE.

Date Signed

Signature of Parent/Guardian

C. WAIVER & HOLD HARMLESS AGREEMENT

I do hereby absolve and hold harmless the Woonsocket Education Department and Woonsocket School Committee, its agents, servants, and assigns, from any and all liability for payment of medical expenses and medical services which may be necessary for and/or occasioned by my child's participation in athletic activities.

This waiver and hold harmless agreement is being signed because I am unwilling to purchase the school's student accident insurance to cover these expenses.

Date Signed

Signature of Parent/Guardian

Date Signed

Signature of Notary Public

"Empowering all learners to shape and enrich their changing world"
The Woonsocket Education Department does not discriminate on the basis of age, sex, race, religion, national origin, color or disability in accordance with applicable laws and regulations.