

# INDEPENDENCE JUNIOR HIGH SCHOOL



Mr. Kevin Kirk, Principal

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## **PARENTAL STATEMENT OF INSURANCE COVERAGE FOR INTERSCHOLASTIC ACTIVITIES**

For those students who are actively engaged in Interscholastic Athletics, proof of adequate accident insurance coverage must be presented by their parents **prior to** the time that the student enters sports Interscholastic program.

All students must have obtained either student accident insurance coverage or other adequate insurance coverage **prior to** their participation in Interscholastic Athletics.

By signing this statement the undersigned parents/guardians acknowledge and represent to School District #128 that said parents have adequate accident coverage insurance to protect their children for any injury that may occur directly or indirectly as a result of their child's participation in such Interscholastic sports programs.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Identity of Insurance Company

\_\_\_\_\_  
Date