

CALCASIEU PARISH SCHOOL BOARD
3310 Broad Street
Lake Charles, Louisiana

Insurance Statement Form Try-outs

Student's Name: _____

Parent/Guardian's Name: _____

I, the undersigned parent or guardian, give my child permission to try-out for _____ at _____. I sign this form with the understanding that neither the school nor the Calcasieu Parish School Board assumes any liability for accident or injury to my child while participating during try-outs. I also understand that, in the event of injury to my child, I will assume all liability incurred.

I recognize that the Calcasieu Parish School Board requires each student athlete to be protected for medical expenses in the event of injury, and I must provide coverage for my child's medical expenses resulting from injuries that might occur during try-outs. I certify that my child is protected for medical expenses resulting from injury through the coverage noted. I understand that the Calcasieu Parish School Board is not responsible for any medical costs associated with any injuries my child might sustain while participating in try-outs.

_____ My child is covered for medical expenses that might result from injury during try-outs as follows:

_____ Private Insurance (Proof of coverage attached)

_____ Medicaid (Proof of coverage attached)

_____ My child is not covered for medical expenses that might result from injury during try-outs and I wish to enroll my child in AIG Student Accident Insurance Policy. I will call Risk Management at 217-4240 Ext. 3001 for coverage information. Coverage has to be bound before my child can try-out. I understand that there are NO refunds in the event my child does not make the team.

If my child makes the team, I will have to complete a Student Eligibility Packet before my child can participate in their first practice. This form can be found at www.cpsb.org under District Forms or a copy can be requested from the coach.

SIGNED: Parent or Guardian: _____

Date: _____

Student Athlete: _____

Date: _____