

# BOSCO SYSTEM CATHOLIC SCHOOLS

## INSURANCE FORM

Check One:

\_\_\_\_\_ The student is covered by a family health accident insurance plan with the \_\_\_\_\_ insurance company.

\_\_\_\_\_ I will purchase the alternate accident policy available through the school.

\_\_\_\_\_ I carry no insurance – I assume all liability for any illness or injury related expenses.

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BY SIGNING BELOW, I STATE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

Participants in student activities shall:

1. Conduct themselves in a responsible and proper manner when representing Bosco System Catholic Schools in any and all activities.
2. Abide by school regulations and be responsible for proper conduct.
3. Abide by Bosco System's Athletic Guidelines found in the Parent/Student Handbook.
4. Be in compliance with state regulations concerning academic requirements.
5. Abstain from smoking and drinking or using other controlled substances.
6. Refrain from the use of profanity or displays of poor sportsmanship.
7. Help keep uniforms clean and maintain a favorable appearance.

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## PARENT/GUARDIAN PERMISSION AND RELEASE

I hereby give my consent for \_\_\_\_\_ to participate in approved activities as a representative of this school, also to the school's sponsor to provide first aid and/or secure medical care for this student and sign on my behalf if I am unable in the event of any injury or medical emergency.

By signing below, I state that I have read and understand the following:

1. Good Conduct
2. Insurance
3. Acknowledgment of Risk

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Signature of Parent or Guardian

Date

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Signature of Student

Date