

INSURANCE WAIVER AND ATHLETIC POLICY ACKNOWLEDGMENT

_____ is covered by our personal insurance policy.
Student name(s)

_____ is covered by school insurance.
Student name(s)

_____ is not covered by any insurance policy
Student name(s) We will not hold the school responsible
or any accidents.

Parent/Guardian signature

Date

I hereby acknowledge that I have read the MFL MarMac Interscholastic/Extra-curricular Policy on the date indicated and agree to adhere to the regulations to the best of my ability while participating in Interscholastic programs at MFL MarMac High School.

I also fully understand that I will forfeit my right to participate interscholastically or to receive an award by violating any provisions of this policy.

I consider it an honor to represent the MFL MarMac Bulldogs as a member of an interscholastic group. For this privilege I will cooperate with the coaches and/or directors and other members of the group by obeying all rules. If guilty of breaking my word, I will accept the due penalty.

Student signature

Date

I know that my son/daughter has given his/her word to observe all rules. I have read these rules and will use my influence to have him/her abide by these rules and keep his/her promise.

Parent/Guardian signature

Date