

NORTH KOSSUTH COMMUNITY SCHOOL
North Kossuth Elementary/North Sentral Kossuth High School
Student Accident Insurance
Waiver/Acceptance Disclosure

Please initial by plans accepted or by waiver if no plan(s) are chosen.

YES, I elect/elected to participate in the **School-Time** student accident insurance plan offered through North Kossuth Community School.

YES, I elect/elected to participate in the **Football** students accident insurance plan offered through North Kossuth Community School.

NO, I understand the student accident coverages available to me and wish to **waive** my right to participate in the plan for the 2009-10 school year. We have adequate insurance coverage with the _____ Insurance Company which will protect our child/children in the participation of all athletic events of the North Kossuth Community School District.

NO, I understand the student accident overages available to me and wish to **waive** my right to participate in the plan for the 2009-2010 school year. **I accept full financial responsibility** for any injuries my child/children sustain.

Students covered by this disclosure:

Name:

Grade:

Parent Signature

Date