



Name of Student - Athlete _____

Grade _____

Track _____

ATHLETIC INSURANCE CERTIFICATE: The governing board of each school district of any kind or class shall provide insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least one thousand five hundred dollars (\$1 500) for all such services for each member of an athletic team, through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code, for injury to members of athletic teams arising while such members are being transported by or under the sponsorship or arrangements of the school districts or a student body organization thereof to or from school or other places of instruction and the place of the athletic event. *Calif. Ed. Code, Vol. I, Part 19, Chapter 2, Article 3, Section 32221 (pgs. 1004, 1005, 1006), Revised 1979. Amended 1980.* One thousand five hundred dollars (\$1,500) insurance protection for medical and hospital expenses resulting from accidental bodily injuries must be provided for each member of an athletic team by the student or his/her parents or guardians through group, blanket policies, etc., or through the insurance carrier for the District. I certify that this student has at least \$1500 protection for medical and hospital expenses with

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Name of Insurance Carrier

Policy or Group Number

to cover injuries incurred while participating in, practicing for, or traveling to and from extramural contests. I understand that the insurance requirement maybe met by purchase of school District approved insurance coverage. I have read and understand the rules above. I hereby grant permission for my son/daughter to participate in interscholastic athletics under these rules.

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Parent Signature

Date