

**Central A & M Community School District 21
Insurance Verification or Waiver
2010-2011**

My son/daughter, _____,
will be participating in athletics for the 2010-
2011 school year. Our insurance carrier is:

_____ Policy# _____.
(name of insurance carrier) (policy number)

We waive any claim against Central A & M
Community School District 21, its officers,
employees and/or agents thereof for any
expense incurred because of accidental
injury while participating in school-sponsored
athletics.

Signature of Parent/Guardian Date
