

RIVER DELTA UNIFIED SCHOOL DISTRICT

SPORTS COMPETITIVE INSURANCE WAIVER FORM
(INCLUDES TACKLE FOOTBALL)

This form is for the use of parents of student participating in competitive sports who ***DO NOT*** wish to purchase the MYERS-STEVENS INSURANCE coverage and who are providing their own insurance.

PLEASE READ CAREFULLY AND SIGN THE APPROPRIATE STATEMENT

My son/daughter: (STUDENT NAME) _____, playing in (SPORT) _____ will comply with the specific insurance regulations of the school district by having health insurance coverage of at least \$1,500 medical, for competitive sports; **OR** \$1,500 medical AND \$1,500 accidental death benefits, while participating in tackle football (as required by Education Code 31751-55).

The student has \$1,500 in medical insurance: _____ Yes _____ No

If YES, Medical Insurance Company Name: _____

---FOR TACKLE FOOTBALL ONLY---

The student has \$1,500 in life insurance: _____ Yes _____ No

If YES, Life Insurance Company Name: _____

Signature of PARENT/GUARDIAN: _____ Date: _____