

GIBSON CITY-MELVIN-SIBLEY COMMUNITY SCHOOL DISTRICT NO. 5

Notice to Parents of Students Participating in Athletics

1. Gibson City-Melvin-Sibley Community Unit School District #5 is not responsible for injuries or loss resulting from participating in camp.
2. In order to compete in camp, the Board of Education of Gibson City-Melvin-Sibley Community Unit School District No. #5 requires that all campers have proof of insurance or sign the below waiver.

STUDENT ATHLETIC INSURANCE VERIFICATION

Athlete's Name _____ Grade _____

Father's Name _____ Mother's Name _____

Home Address _____ City _____ Zip _____

Home Phone # _____ Business # _____

I understand that the Board of Education of the Gibson City-Melvin-Sibley Community Unit School District #5 requires that my child be covered by my family hospitalization and medical insurance or I must sign the waiver releasing the school of all responsibility, in order to participate in sports camps at Gibson City-Melvin-Sibley High School during the current year.

My son or daughter is covered by my present medical insurance, and will be for the duration of the sports camp.

_____ YES _____ NO

***If you checked yes, please present us with a copy of your insurance card for our records.

***If you checked no, please read and sign the following waiver.

I, _____ will not hold Gibson City-Melvin-Sibley Community Unit School District #5 responsible for any injury my child might occur while at camp or to and from camp.