

GEORGE-LITTLE ROCK PARENTAL INSURANCE WAIVER

Dear Parents/Guardians:

The School District does not provide any type of health or accident insurance for injuries incurred by your child at school.

We encourage all families to have accident coverage on their children, prior to participation in any sports or school sponsored activity. Please read the entire policy offering to determine if this program is a needed supplement to your own primary health insurance. If you feel your coverage is adequate, please sign the bottom of this letter and return to your coach or athletic director.

Full-Time Coverage (K-12) 24 Hour with No sports	\$ 99.00
Full-Time Coverage (7-12) with all sports except football 9-12	\$174.00
School-Time Coverage (K-12) with no sports	\$ 16.00
School-Time Coverage (7-12) with all sports except football 9-12	\$ 91.00
Football (9-12) Grades (7 & 8 are covered by the All Sports Coverage)	\$250.00
Extended Dental (PK-12)	\$ 9.00

In making application for coverage, please read brochures explaining options carefully.

1. Print name, address and other information clearly on enrollment form.
2. Detach and retain summary of coverage and return the enrollment form to the school within 10 days. Coverage will become effective at 12:01 a.m. following the date the enrollment form and premium are received and dated by the school.
3. Questions about the plan may be directed to Student Assurance Services, Inc., at (651) 439-7098, or toll free at 1-800-328-2739.

Please sign and return the form below to school, if you already have adequate insurance.

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PARENTAL INSURANCE WAIVER

Student's Name _____ MS ____ HS ____ Grade _____
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We, the undersigned, feel we have adequate insurance protection for our son/daughter while practicing or participating in Interscholastic Sports, or other School Sponsored Activities.

Parent's/Guardian/s Signature _____

Printed Name: _____ Date: _____