ATHLETIC INSURANCE WAIVER

This is to certify _____ is covered by home
Student's Name
accident insurance, which will cover him/her for the _____
School Year
athletic season at Piqua Catholic School/Lehman Junior High Sports programs. This will cover any injuries, which might occur during the season as well as covering him/her for any doctor's office calls or hospitalization. I assume responsibility for these costs and will not expect Piqua Catholic School/Lehman High School to pay for them.

_____
Parent/Guardian Signature and Date