

VIGO COUNTY SCHOOL CORPORATION

ACKNOWLEDGMENT FORM

I/we hereby acknowledge that I/we understand and accept that the Vigo County School Corporation has NO accident or medical insurance policy that covers my son/daughter while they are participating in ANY interschool sport program. I/we also hereby acknowledge that ALL medical expenses incurred as a result of participating in ANY interschool sport program are my/our total responsibility.

I/we have read this carefully and understand what it means.

Date _____

Parent/Guardian Signature _____

Printed _____

THIS FORM MUST BE SIGNED AND PRESENTED TO THE SCHOOL ALONG WITH THE INDIANA HIGH SCHOOL ATHLETIC ASSOCIATION (IHSAA) PHYSICAL EVALUATION FORM BEFORE ANY STUDENT TAKES PART IN SCHOOL ATHLETIC PRACTICES OR GAMES.

BEGINNING THE 2004-2005 SCHOOL YEAR

INFORMATION FOR PARENTS WHO NEED INSURANCE FOR THEIR SON/DAUGHTER-

HOOSIER HEALTHWISE FOR CHILDREN is a health insurance program for children in Indiana. It is operated by the State of Indiana. Some families may not have to pay any premiums for this insurance, depending upon family income. For more information please **call toll free 1-800-889-9949**.