

**STUDENT ATHLETE INSURANCE FORM
ALEXANDER CITY BOARD OF EDUCATION
ALEXANDER CITY, ALABAMA**

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Please read the following parental insurance declaration and sign accordingly. Also listed are two options concerning insurance for student athletes.

The **first option** is for those students **who are currently covered** under an existing medical insurance policy. If this is the case, please fill out the information requested under option 1 and sign.

The **second option** is for those students **who are not currently covered** under an existing medical insurance policy. If this is the case, please fill out the information requested under option 2 and enclose a check made payable to K & K Insurance. K & K student insurance programs are provided by Nationwide, a trusted insurance provider since 1926. The cost of the insurance varies with the sport you play.

PARENTAL INSURANCE DECLARATION

I/We acknowledge that the Alexander City Board of Education does not provide athletic health or medical insurance on my child/children and the Alexander City Board of Education will not be responsible for any payment of medical treatment or care for my child/children resulting from an athletic injury or illness.

Parent's/Guardian's Signature

Date

Student's Name

OPTION 1

The following information is the current health and/or medical insurance policies for my child/children:

- a. Name of Insurance Company: _____
- b. Policy Number: _____
- c. Contract Number: _____
- d. Parent Signature: _____

OPTION 2

My child, _____, will be enrolling in the K & K Student Accident Coverage for the 2013-2014 school year. I am enclosing a check made payable to K & K Insurance.

Parent Signature: _____