

Gore Public Schools

1200 North Highway 10

Gore, OK 74435

918-489-5587

Parent,

Your child _____ will be participating in athletics this school year. Before he/she is allowed to practice, this form must be returned completed.

Please Check Your Choice Below

_____ We have personal insurance

Company Name: _____

Policy Number: _____

_____ I will take out the insurance offered by the school (this is not school insurance). Forms may be obtained from any coach or athletic director (available August) this is the parent's responsibility: you must have this before the child participates.

_____ I do not have insurance on my child and will accept full responsibility for any injuries, Which may occur. I will not hold the school or coaches responsible.

_____ Parent Signature

_____ Date

