



**Insurance Coverage Statement**  
**CLUB SPORT TEAMS**

- I understand that Knox County Schools does not have a medical insurance policy that covers students injured while participating on a **club sport team**.
- I understand that medical expenses **ARE MY RESPONSIBILITY** in connection with my child playing **club sports**.
- I understand that I accept financial responsibility for any injury my child incurs while participating on a **club sport team**.

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*Parent/Legal Guardian Signature*

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*Date*