



Insurance Coverage Statement

- I understand that the athletic insurance carried by the school system is a secondary coverage policy meaning it pays only after the parents' primary coverage pays.
- I understand that the responsibility to file the proper forms for payment is the parent's responsibility.
- I understand that medical expenses **ARE MY RESPONSIBILITY** in connection with my child playing voluntary sports.
- I understand that I accept financial responsibility for any injury not covered by my hospitalization insurance or KCS sport accident insurance.

Parent/Legal Guardian Signature

Date