## SCHOOL DISTRICT OF BLACK HAWK

| August 2024   |   |
|---|---|
| Parents and Guardians:                                    |   |
|   | District <b>DOES NOT</b> provide any type of health or es incurred by your child at school.         |
| We require all families to participation in any sports of | have accident coverage on their children, prior to r school-sponsored activity.                     |
| Please sign and return the in insurance.                  | aformation below if you already have adequate   |
| **********  | *******************   |
| ]   | PARENTAL INSURANCE WAIVER   |
| Student's Name  |   |
|   | We, the undersigned, feel we have for our son/daughter while practicing or participating in a Hawk. |
| Parent's/Guardian's Signature                             |   |
| Date  |   |