



Waverly-Lansing Catholic Waverly-St Gerard Lacrosse Team



STUDENT ATHLETE HANDBOOK ACKNOWLEDEMENT STATEMENT

I have received, read and agree to abide by the rules and regulations in the Student Athlete Handbook.

Athlete's Names Date

Parent/Guardian Date

Coach's Name Date

Fall _____

Winter _____

Spring X

Athletic Department Health Insurance Information Sheet

Please indicate you health insurance option that covers your athlete.

_____ 1. Health Insurance Coverage Company

Company _____

Policy # _____

_____ 2. We assume our own financial responsibility for any injury that our athlete incurs.

_____ 3. We will be taking advantage of the Student Accident Insurance Protection Plan.

Brochure for Student Accident Insurance Plan is available in the Athletic Office.