Winona Public School District

Insurance and Athletic Participation Clearance

hereby give consent for my child,, to		o participate in any and all	
a Public School District	t's athletic program i	n all sports circled	
school year.			
Basketball	Tennis	X-Country	
Soccer	Cheer		
		•	
licy Number			
me of Company			
expenses and any other less any other less and any other less any other less and any other less and any other less and any othe	er related expenses a of the Winona Schoo s and waive any and igh school athletics in ere enough to result	ind do hereby hold of District, their all claims which nvolves the in total disability,	
Code of Conduct for Athletes			
tes should also unders	stand that they will b		
ol and coaching staff. I	also understand tha	t any violation of	
erstand, and concur w	vith the information	on this form.	
	Signature/ Date		
	Basketball Soccer dent insurance coverage tify that my child is co licy Number	Basketball Tennis Soccer Cheer dent insurance coverage is required for partify that my child is covered under the hea licy Number me of Company lity not covered by the above-required insurance the while participating in sports authorized a expenses and any other related expenses are Board of Education of the Winona School such injury or expenses and waive any and sipating in organized high school athletics in sports, sometimes severe enough to result to participates in the secondary athletic program is a participate in the secondary athletic program	