



BASEBALL

WAIVER FOR ATHLETIC INSURANCE

I understand that one requirement for eligibility to participate in baseball is adequate insurance coverage against injury while in practice or play.

Since my child is adequately covered with such accident insurance with appropriate policies, which I already carry, I **do not** desire to obtain coverage offered by the Gwinnett County Public Schools System.

I certify that my child is adequately covered with personal or family accident insurance, and I do not wish to purchase accident insurance made available through the Gwinnett County Public Schools System.

I hereby state that I am the legal guardian of said child and I am authorized to make this decision.

Sport: **BASEBALL**

Date: _____

Signature of Parent or Guardian

Signature of Student

My insurance provider: _____

Name of Insured: _____

Policy Number: _____