

# MORAVIA COMMUNITY SCHOOLS

505 North Trussell  
Moravia, IA 52571

**High School**  
(641)724-3241  
Fax: 724-0629

**Elementary**  
(641)724-3311  
Fax: 724-3591

## Insurance Waiver 2020-2021

CHECK THE SPORTS YOUR STUDENT WILL BE PARTICIPATING IN THIS YEAR.

( ) Basketball      ( ) Baseball      ( ) Soccer      ( ) Volleyball  
( ) Football      ( ) Softball      ( ) Track      ( ) Cheerleading  
( ) Wrestling      ( ) Swimming      ( ) \_\_\_\_\_      ( ) \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### INSURANCE

Our child is covered:

\_\_\_\_\_ 1. I wish to insure my student under the Security Life Insurance Plan offered by Moravia Community School. \$ \_\_\_\_\_ Premium + Enrollment Form with my check is attached. (See back of form for Annual Premiums and Plans)

\_\_\_\_\_ 2. We do not wish to purchase school insurance because we feel we have adequate insurance protection for our son/daughter while practicing or participating in Interscholastic Sports, or other school sponsored activities.

Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

\_\_\_\_\_ 3. We do not wish to purchase school insurance and we relieve the school district of any liability should our son/daughter be injured while practicing or participating in Interscholastic Sports, or other school sponsored activities.

\_\_\_\_\_ 4. You have our permission to call a physician in case of an emergency.

\_\_\_\_\_ 5. Contact us before a physician is called.

Parent's/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: This sheet along with a current physical examination form must be on file with the school before participation will be allowed.

**"SCHOOL OF CHOICE"**