

I give permission for _____ (please include first and last names),
in Grade ____ to participate in W.R.U.F.C. at W.T. Townshend.

Parent/guardian signature _____

Parent/guardian contact e-mail address(please print clearly)_____

STUDENTS PARTICIPATING IN INTERSCHOLASTIC SPORTS

It is important for parents and guardians to be aware that the Waterloo Region District School Board does **not** provide accident insurance coverage for student injuries that occur on school premises or during school activities. Accidents can and do happen. Some injuries incur medical, dental or other expenses that are not covered by provincial health care or employer group plans. As a parent or guardian, you become responsible for these expenses.

We have arranged an Accident and Life Insurance Programme for students. Participation in such a programme is voluntary and the costs are to be paid by the parent or guardian.

For more information please contact www.insuremykids.com. Phone: 1-800-463-5437

- I have enrolled my son/daughter in the Student Accident Insurance Programme.
- I have not enrolled my son/daughter and I understand that the Waterloo Region District School Board does not provide individual medical coverage.

Date: _____

Student Name: _____

Teacher Name: _____

Homeroom/Class: _____

Parent/Guardian Signature: _____

**Coaches are to retain a copy of this signed form as part of their records.*