



"Student Achievement is #1!"

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INSURANCE COVERAGE STATEMENT

The USD #402 Board of Education **does not** provide accident/health insurance coverage for individuals participating in interscholastic activity programs. If insurance is desired, it is the responsibility of the parents to provide such coverage.

The USD #402 Board of Education does provide catastrophic coverage for students injured while practicing for, participating in, or traveling directly to and from activities under the jurisdiction of the K.S.H.S.A.A. The catastrophic injury policy provides protection only in cases of severe injury. There is a \$10,000.00 deductible clause in the insurance policy. Claim forms will be available in the principal's office of the school that your child attends.

I hereby certify that _____
(Student's name)

has my permission to participate in interscholastic activities while a student in the Augusta School System. Also, I understand that USD #402 does not carry any type of insurance (other than catastrophic) to cover injury to my child while participating in these activities.

(Parent or Legal Guardian's Signature)

(Date)

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**PARENTAL CONSENT FOR USE OF PHOTOS
ON DISTRICT WEBSITE**

NOTE: We would like to be able to use photos of our athletes on the district website, but signing this policy is not a requirement or a condition for participation in athletics.

**I, _____ (please print), custodial parent/guardian
of _____ (please print) do hereby give my
permission for USD 402, Augusta Public Schools, to use photographs of the above
named child as indicated below by my signature. I understand that the child will not
be identified by name.**

Signature _____ Date _____