

**PT Affiliates Summer School Athletic Program**  
**Athletic Insurance Exemption Statement**

Date \_\_\_\_\_

School (in Sept.) \_\_\_\_\_

Summer Sport(s) \_\_\_\_\_

\_\_\_\_\_

**To be signed by parents or guardians and filed with the high school summer school office.**

As parents or legal guardians of \_\_\_\_\_ Grade Level (9/08) \_\_\_\_\_  
(Print student's name)

we hereby:

1. Acknowledge that PT Affiliates provides no medical, hospital, dental, or death benefits for students enrolled in summer school athletics.
2. Release PT Affiliates from any liability for the cost of care of any type for said minor which we, as his/her parents or guardians, are obligated by law to furnish as a result of injury resulting from participation in the athletic program of PT Affiliates.
3. And confirm that the insurance agent for this family states that \_\_\_\_\_, a minor, is covered by family-held insurance during the time he/she may participate in the PT Affiliates summer school athletic program during the summer of \_\_\_\_\_, and that he/she is covered by insurance at least in the amount of \$1500.00 for medical and hospital expenses resulting from accidental injury. It is not necessary for the insurance company to sign this form, simply supply the company name, below).

Family-held insurance meeting the conditions described in paragraph three, above covers the above-mentioned minor.

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**PRINT Health Insurance Company Name AND Policy Number**

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
PRINT name of parent or guardian