



## Insurance Coverage Statement

- I understand that the athletic insurance carried by the school system is a secondary coverage policy meaning it pays only after the parents' primary coverage pays.
- I understand that the responsibility to file the proper forms for payment is the parent's responsibility.
- I understand that medical expenses ARE MY RESPONSIBILITY in connection with my child playing voluntary sports.
- I understand that I accept financial responsibility for any injury not covered by my hospitalization insurance or KCS sport accident insurance.

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*Parent/Legal Guardian Signature*

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*Date*