

**GIBSON CITY - MELVIN - SIBLEY COMMUNITY SCHOOL DISTRICT NO.**

Notice to Parents of Students Participating in Athletics

**ATHLETIC INSURANCE**

Gibson City-Melvin-Sibley Community Unit School District #5 is not responsible for injuries or loss resulting from participation in athletics.

In order to compete in athletics, the Board of Education of Gibson City-Melvin-Sibley Community Unit School District #5 requires that all athletes have accident insurance.

Practically all policies have certain limitations and in most cases do not cover the entire expense of accident and injuries. It is important that you understand the coverage that you have. Insurance products underwritten by Markel Insurance Company (Deerfield, IL administrative offices: Glen Allen, VA). Costs of the student insurance and how to apply for the insurance are explained on the Markel website: <https://markel.sevencorners.com/>

Expenses over and above the insurance coverage are the responsibility of the parent. The school district assumes no obligation for this occurrence.

Football insurance covers the student for participation in football only. If students wish to be protected for participation in other athletics in addition to football, they must carry the regular school policy.

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**STUDENT ATHLETIC INSURANCE VERIFICATION**

Athlete's Name \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

I understand that the Board of Education of the Gibson City-Melvin-Sibley Community Unit School District #5 requires that my child be covered by my family hospitalization and medical insurance **AND/OR** the school district's student accident insurance, in order to participate in athletics at the Gibson City-Melvin-Sibley Elementary School, Middle School or High School during the current school year.

My son or daughter is covered by my present medical insurance, and will be for the duration of the current school year. \_\_\_\_\_ YES \_\_\_\_\_ NO

**PLEASE ATTACH A LETTER FROM YOUR INSURANCE COMPANY VERIFYING THAT YOUR CHILD/CHILDREN ARE COVERED AGAINST ATHLETIC RELATED INJURIES.**

I wish to purchase the school's student accident policy. \_\_\_\_\_ YES \_\_\_\_\_ NO

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Signature of Parent

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Date