



# Knights Ferry Elementary School District

12726 DENT STREET - P.O. BOX 840

KNIGHTS FERRY, CA 95361

(209) 881-3382

FAX (209) 881-3525

Website:

[www.knightsferry.k12.ca.us](http://www.knightsferry.k12.ca.us)

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## STUDENT INSURANCE FOR SPORTS GRADES 5<sup>TH</sup> THROUGH 8<sup>TH</sup> ONLY

In order to participate in the sports program (flag football, volleyball, soccer, basketball, softball, track) your child must have insurance coverage. If your child does not have insurance coverage, please contact the school office if you need to purchase student insurance.

If you are interested in allowing your child to participate in the school sports program, please provide the information requested below. Thank you.

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Contact#: \_\_\_\_\_

I give my permission for my child, \_\_\_\_\_,

to participate in \_\_\_\_\_

(Name of sport OR all sports)

Parent/Guardian Signature: \_\_\_\_\_