

Insurance Coverage Statement

CLUB SPORT TEAMS

High & Middle Schools

- I understand that Knox County Schools does not have a medical insurance policy that covers students injured while participating on a **club sport team**.
- I understand that medical expenses **ARE MY RESPONSIBILITY** in connection with my child playing **club sports**.
- I understand that I accept financial responsibility for any injury my child incurs while participating on a **club sport team**.

Parent/Legal Guardian Signature

Date