

**Centerville Community Schools**  
**Insurance Release Form**

**Athlete's Name** \_\_\_\_\_

\_\_\_\_\_ **My son/daughter is covered by family insurance.**

**Our insurance company is** \_\_\_\_\_

\_\_\_\_\_ **My son/daughter is not covered by family insurance. We are self insured.**

**Signed,**

\_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_

**Date**