

**Scurry-Rosser I.S.D.
Athletic Department**

To the Parents/Guardians of Scurry-Rosser I.S.D. Athletes:

Your son/daughter should have adequate health/accident insurance before participating in the Scurry-Rosser athletic program.

I, _____ (parent/guardian), understand that the cost accrued as a result of any injury resulting from participation in athletics is my responsibility. With that understood, I certify that we have adequate insurance for our son/daughter, _____.

(Print Student's Name)

Signature of Parent/Guardian

Date

Signature of Notary

Date



Notary Seal