



# Kingston Collegiate and Vocational Institute

235 Frontenac Street, Kingston, Ontario K7L 3S7 Telephone: (613) 544-4811 Fax: (613) 544-8795

e-mail: [kicvi@limestone.on.ca](mailto:kicvi@limestone.on.ca) web site: <http://kicvi.limestone.on.ca>

*Where Tradition meets the Future – Où la tradition et l'avenir se rencontrent*

Principal: Mr. T. Holden

Vice-Principal: Mr. L. Gibson

Vice-Principal: Ms. M. Connelly

## KCVI ATHLETICS STUDENT INFORMATION SHEET / PERMISSION FORM

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Parents/ Guardians \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Relevant illness, injury or medical condition (list and explain):

### Parental/Guardian Consent:

• I, \_\_\_\_\_, give my child \_\_\_\_\_ permission to participate in the inter-school sport of \_\_\_\_\_ during the 20\_\_ - 20\_\_ school year.

• I do / do not (circle) give permission for my son or daughter's picture and name to be used for promotional purposes by way of newspaper or school web site.

### Parental/Guardian Signature:

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

Please return this form with a cheque payable to KCVI Athletics for the team fee of \_\_\_\_\_ along with all other relevant forms.

*Please continue on back.*

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## Limestone District School Board

### **STUDENT ACCIDENT INSURANCE COVERAGE VERIFICATION**

I/We understand that the Limestone District School Board has adopted a new practice whereby all parents whose children participate in school sponsored athletics are required to provide proof of student accident insurance coverage for their children. Given the inherent risks associated with athletics and in the interests of parents and children, the Board has adopted such a practice.

**I understand that the Board is not requiring parents to purchase the Board's sponsored student accident insurance plan.** The Board has arranged for a very reasonably priced insurance plan to be made available to parents through the Reliable Life Insurance Company. The Basic Insurance Plan costs only **\$6.00 per year** and would cover my child 24 hours per day on official school days and when participating in school sponsored sports on weekends. I understand that the Board receives no compensation whatsoever from the Reliable Life Insurance Company for providing this service to parents. Alternatively, I understand that I may obtain student accident insurance coverage from any insurance carrier of my choice.

#### **Check one of the following:**

- I/We wish to confirm that we have purchased the Board sponsored student accident insurance plan through the Reliable Life Insurance Company and we have attached suitable proof thereof.**
  
- I/We wish to confirm that we have NOT purchased the Board sponsored student accident insurance plan. Alternatively, we have obtained student accident insurance through another insurance carrier. I/We further confirm that we have verified with our insurance carrier that our child is fully covered for all present and future dental work required as a result of any accident occurring during school sponsored sporting events.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

