

Little Miami Band Boosters

Insurance Disclaimer

Please sign A or B

- A. We have adequate insurance for _____,
(Student Name)
in the event that he/she is injured or has a medical emergency during practices, trips or performances of Marching Band for the upcoming school year.

Parent Signature

Date

- B. We do not have major medical coverage. We understand that it is our responsibility to pay for any medical expenses due to injury, illness or medical emergencies during practices, trips or performances of Marching Band for the upcoming school year. We understand that the Little Miami School District and the Little Miami Band Boosters will not be responsible for any medical expenses.

Parent Signature

Date