



**NEWMAN CATHOLIC HIGH SCHOOL**  
**1130 W. Bridge Street**  
**Wausau, WI 54401**

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Dear Parent:

Participation in athletics has many rewards and can provide tremendous enjoyment. However, it is important for both the participant and his/her parents to realize that an element of physical risk is present when one is involved in athletics. The purpose of this letter is to clarify the school's position in terms of insurance coverage and to obtain your permission to secure the quickest medical assistance possible if your son/daughter should be injured.

The school's insurance coverage, like most schools, does not cover personal injury that is the result of athletic participation. It is most important that you check with your own insurance carrier to be certain that athletic injury for your children would be covered by your own policy, especially if they are participating in a contact sport such as Football, Soccer, or Basketball.

Please complete the bottom portion of this letter and return it immediately to the Registrar's Office at NCHS if your athlete participates on a high school team, or the main office at NCMS if they are on a 5-8<sup>th</sup> grade team. If you have any questions, you may call me at Newman Catholic High School.

Danny Rozwadowski

Athletic Director  
Newman Catholic Schools

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2008-2009

**Please complete and return immediately to the appropriate office prior to athletic participation.**

**Student name** \_\_\_\_\_ **Present grade** \_\_\_\_\_ **Sport(s)** \_\_\_\_\_

**Parent home phone** \_\_\_\_\_ **Emergency phone** \_\_\_\_\_ **School** \_\_\_\_\_

**Parent whose policy covers student/athlete** \_\_\_\_\_

**Health Insurance carrier** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Short medical history or problems:** \_\_\_\_\_

**Present medication** \_\_\_\_\_ **Last Tetanus shot** \_\_\_\_\_

I hereby give permission to the proper authorities at Newman Catholic Schools to seek the appropriate medical assistance for our student(s) in the event of any injury. I likewise understand that Newman Catholic Schools are not liable for the payment of the medical costs in the event of injury sustained in athletic participation. I assure Newman Catholic Schools that I am duly authorized to execute this document.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**