



Airline High School
2801 Airline Drive
Bossier City, LA 71111

Dear Parent(s),

Your son/daughter _____ (please print name legibly) has indicated that he/she would like to participate in athletics or other extracurricular activities at Airline High School. While we encourage our students to participate in athletic/extracurricular activities, we must make the parents aware of the possibility of your child being injured in practice or in a game. Student accident insurance is provided for your child while participating in athletic/extracurricular practices or games. This policy, like most policies in effect today, has a limited benefits schedule and will not pay one-hundred percent of charges incurred. The balance due is the obligation of the parents—not Airline High School or the Bossier Parish School Board. This insurance is secondary to any health insurance already in force on your child. Before your child will be allowed to participate in athletic activities at Airline High School, the bottom portion of this letter must be signed by you, dated and returned to the school to be filed. An extra copy of this letter is attached for your file records.

Please contact me at (318) 549.5080 if you have questions or need additional information.

Sincerely,

Justin James
Principal

I will allow my son/daughter to participate in athletic/extracurricular activities at Airline High School. In case of any injury, I understand that I will be responsible for the unpaid balance of any medical charges resulting from the injury.

Parent Signature

Date