



## **LOYALIST COLLEGIATE & VOCATIONAL INSTITUTE**

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Website: lcvi.limestone.on.ca

Margaret Connelly – Principal Suche James – Vice Principal Kate Myers – Vice Principal

## LCVI ATHLETICS STUDENT INFORMATION SHEET / PERMISSION FORM / STUDENT INSURANCE FORM

Student:		Date of Birth (DD/MM/YY):
Grade:	Health Card Number:	
Parent(s)/ Guard	ian(s):	
Address:		
		Work Phone:
E-Mail:		
	injury or medical conditions (I	
Parental/Guardi	an Consent:	
		give my child,
permission to year.	participate in the interschool	sport of <i>Field Hockey</i> during the 2022-2023 school
	sion for my child's picture and r r school website. $\Box$	name to be used for promotional purposes by way of YES $\ \square$ NO
(Sigi	nature of Parent/Guardian)	(Date)

Please return this form and pay the team fee of **\$90** via www.school-day.com, our online payment system. If you have not yet registered for school-day, please contact our Budget Clerk, Marie Pepin, at (613) 546-5575 ext. 302 or pepinm@limestone.on.ca.







 $Limestone\ District\ School\ Board\ is\ situated\ on\ traditional\ territories\ of\ the\ Anishina abe\ \&\ Haudenosaunee.$ 



## STUDENT ACCIDENT INSURANCE COVERAGE VERIFICATION

I/We understand that the Limestone District School Board has adopted a 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, we believe this is in the best interest of parents/guardians and the student/athlete.

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 Bronze, Silver, Gold and Platinum Plans cover your child for extracurricular activities for 24 hours/day (the Limited plan DOES NOT). You can apply online at <a href="www.insuremykids.com">www.insuremykids.com</a> or forms are available at the school. I understand that the Board receives no compensation whatsoever from the Reliable Life Insurance Company for providing this service to parents. Alternately, 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.

(Signature of Parent/Guardian)	(Date)

Limestone District School Board

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