

**North Gibson School Corp.**

1108 N. Main Street  
Princeton, Indiana 47670  
PCHS Athletic Department  
athletic-department.ngsc.pchs.schoolfusion.us  
Telephone 812-385-4148  
Fax 812-385-4149

**MEDICAL INSURANCE WAIVER FORM**

Date \_\_\_\_\_

I, \_\_\_\_\_, understand that the North Gibson School Corporation is not responsible for any medical expenses my child may have while playing Athletics during the \_\_\_\_\_ school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Student Athlete printed name