



A Challenge Foundation Academy

ATHLETIC INSURANCE NOTICE

I fully understand that Cornerstone Charter Academy: A Challenge Foundation Academy, Inc. does provide **secondary** accident insurance for my boy/girl while participating in interscholastic athletics. I fully understand that it is my responsibility to provide **primary** insurance coverage.

Signature _____ Date _____
(Parent or Legal Guardian)

Signature _____ Date _____
(Student-Athlete)