

Dear Parent(s)/Guardian(s),

Your child is applying to play interscholastic sports at Gateway High School. As in any sport or activity that involves physical activity or physical contact, there is some risk of injury to the participants. Therefore, in order for any student to participate in an athletic event or practice, he/she must have or obtain proper medical coverage.

Please forward a copy of proof of insurance/medical coverage for your child to Gateway as soon as possible. This proof may be in the form of an insurance card, certificate or a copy of the policy itself. Whatever documentation you choose to submit must include the following information:

- 1) Full Name
- 2) Date of Birth
- 3) Name of Coverage Provider
- 4) Policy
- 5) Name of Doctor (if possible)

Thanks for your cooperation.

Sincerely,

Joseph F. Killmaier
Athletic Director