

# BLACKSBURG HIGH SCHOOL



520 PATRICK HENRY DRIVE  
BLACKSBURG, VA 24060  
PHONE (540) 951-5706  
FAX: (540) 951-5714  
WEB: [www.mcps.org/bhs](http://www.mcps.org/bhs)



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## Medical Expense Statement of Understanding

I understand that I am responsible for any medical expenses associated with participating in this athletic program. I am aware of the Student Accident Insurance plan available through the school.

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Parent or Guardian Signature

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Date

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Name of Student Athlete

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Grade Level