

SHORELINE SCHOOL DISTRICT
ATHLETICS

STUDENT NAME _____ SCHOOL _____

PARENTAL PERMISSION

I am willing for my child to participate in any of the listed after-school activities during the school year. I acknowledge serious injuries can result from sports participation. I am also willing for him/her to take the scheduled trips to other schools as part of the team. I will not hold the school responsible for any bills incurred because of accident or injuries to my child in his/her sponsored activities.

Softball
Football

Basketball
Volleyball

Wrestling
Cross Country

Track

Parent Signature _____ Date _____

REQUEST FOR WAIVER OF ACCIDENT PLAN COVERAGE

I understand that my student cannot participate in interscholastic athletics unless he/she is covered by the School Accident Coverage Plan OR a plan provided by the family.

I have insurance coverage the equivalent or better than the Washington State Industrial Insurance Fee Schedule (\$25,000 minimum) for doctor's services or hospitalization and will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll my student in the School Accident Coverage Plan.

Name of insurance company
providing coverage _____ Policy No. _____

_____ Check here if student has school insurance.

I accept full responsibility for the cost of treatment for any injury which my child may suffer while taking part in the sports program.

Parent Signature _____ Date _____

***Please note no nursing services available on site during these hours.*