

Signatures  
Required

\*\*\*Athlete/Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Information:**

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

If enrolled in another school last year, list the school:

School	Address	Phone Number
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**REQUEST FOR WAIVER OF ACCIDENT PLAN COVERAGE**

I understand that my student cannot participate in boys' or girls' after school athletics unless he/she is covered by the School Accident coverage plan or one with the following minimum provisions:

1. Minimum death benefit of \$600.00
2. A maximum payment for any injury of at least \$500.00
3. Coverage equivalent to the Washington State Industrial Insurance Fee Schedule for doctors' services of hospitalization with a 30 day minimum for the latter.
4. X-rays to a maximum of at least \$10.00.
5. Dental coverage equivalent to the Washington State Industrial Insurance Fee Schedule to at least \$100.00.

**INSURANCE PROVIDER:** \_\_\_\_\_

I have insurance coverage the equivalent or better than the above requirement of the Washington Interscholastic Activities Association. I will continue to keep it in force throughout the sports season and therefore, I do not wish to enroll:

\_\_\_\_\_  
*Student Name*

in the school accident coverage plan. I accept full responsibility for the cost of treatment of any injury which he/she may suffer while taking part in the program. Please waive this requirement and permit him/her to take part in athletics.

Signature  
Required to  
Waive

\_\_\_\_\_ \*\*\*Parent Signature Date \_\_\_\_\_

REARDAN-EDWALL SCHOOL DISTRICT

STUDENT/PARENT/GUARDIAN WARNING & ASSUMPTION OF RISKS

It is the school district’s intent to provide any participant with good instructions, safe equipment, and safe transportation; but we cannot eliminate all risks involved in activity participation. ACCIDENTAL INJURY, COMPLETELY UNRELATED TO ANY PREVENTABLE, CAUSE, IS ALWAYS POSSIBLE.

This ASSUMPTION OF RISK form is designed to provide this school district with a degree of protection. It is not designed to deny the rights of an injured student. OUR SCHOOL DISTRICT PROVIDES WIAA CATASTROPHIC MEDICAL INSURANCE COVERAGE TO PARTICIPATING STUDENTS. Participation in WIAA sponsored interscholastic activities is all voluntary and extracurricular. As a condition to participation in these activities, you and your parent(s)/guardian(s) must understand THE RISKS involved in these kinds of activities.

“WARNING”

Participation in any activity, club or sport may involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one’s body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor to catastrophic injury such as complete paralysis or even one’s future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Activity injuries can result from the incorrect or correct performance to playing techniques used in tryouts, practices, warm-ups, games, drills, exercises and other similar undertakings. Injury can also result from failing to follow game, training, safety or other team rules. Injury can result from the use of transportation provided or arranged by the school district to and from an interscholastic activity.

Therefore, the purpose of this WARNING is to aid you in making an informed decision as to whether you/your child or ward should participate in these activities. In addition, its purpose is to make you aware that as a student participant, or as a parent or guardian of a student participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisor, or other knowledgeable persons about any concerns that you might have at any time regarding participant’s safety.

In consideration of the REARDAN-EDWALL SCHOOL DISTRICT’S permitting

\_\_\_\_\_ to participate in interscholastic activities and to engage

(Student name)

in all areas of these activities, I, the participant, and we the parent(s)/guardian(s), hereby agree to ASSUME THE RISKS OF INJURY OR DEATH associated with the School District’s interscholastic program as outlined in the WARNING above.

By signing this document, we acknowledge that we have read and understand its contents and warning related to the above stated risks and give our permission for \_\_\_\_\_ to stay after school and participate in the athletic program and in interscholastic activities. (Student Name)

DATE

\*\*\*STUDENT SIGNATURE

DATE

\*\*\*PARENT SIGNATURE

\*\*\*PARENT SIGNATURE

Signatures Required

