

Request for Waiver of Accident Plan and Coverage

Name of Student Athlete: _____ Date _____

I understand that in order for any student to participate in after school athletics they must have the school Accident Coverage Plan, or one with the following minimum provisions that covers him/her:

1. Minimum death benefit of \$1000.00
2. A minimum payment for any one injury of at least \$1,000.00
3. Coverage equipment to the Washington State Industrial Insurance Fee Schedule for doctor's services on hospitalization with a 30 day minimum for hospital.
4. X-rays to coverage of \$100.00
5. Dental coverage equivalent to the Washington State Industrial Insurance Fee Schedule of at least \$500.00.
6. It is the parents/guardians responsibility to inform the school district if their son or daughter's health insurance has been discontinued or cancelled.

Name of the company providing coverage: _____

I have insurance coverage the equivalent, or better than the Washington Interscholastic Activities Association and I will continue to keep it in force throughout the sports season, and therefore I do not wish to enroll _____ (student's name) in the School Accident Coverage Plan. I accept full responsibility for the cost of treatment for any injury which he or she, may suffer while taking part in the program. Please waiver the requirement and permit him/her to take part in athletics and sports.

Parent/Guardian