

WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION
REQUEST FOR WAIVER OF SCHOOL ACCIDENT PLAN COVERAGE

Date _____

Dear Principal,

I understand that my son/daughter cannot participate in boys' and girls' after-school athletics unless covered by the school accident coverage plan or our family plan which meets minimum coverage provisions:

Name of Insurance Company _____ Policy No. _____

My son/daughter is covered by the insurance listed above and I will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll _____

(Name of Son/Daughter)

in the School Accident Coverage Plan.

The Principal is authorized to contact the Company named above to verify coverage limitations.

*As required by law, I verify and attest accident coverage provided by our policy and I accept full responsibility for the cost of treatment for any injury which he/she may suffer while taking part in the program. Please permit him/her to take part in athletics and Sports Days.

(Date Signed)

Signature of Parent/Guardian

Request Approved

Reason(s) : _____

Request Denied

(Principal's Signature)

(Date)