



## Permission to Participate in Athletics

I hereby give permission for \_\_\_\_\_ to participate on the following sport(s)  
(Student name)

\_\_\_\_\_ team(s) and as a participant, to travel under the coach's  
(List sports your child will participate)

direction and authority from time of departure from WHCSD until time of return arrival to WHCSD.

\_\_\_\_\_  
(Parent/ Guardian Signature)

## Insurance Waiver

We, the undersigned, parents and/or guardians of \_\_\_\_\_ (student name) do hereby release the WHCSD Athletic Department from any and all financial responsibilities as a result of any and all injuries incurred by our son/daughter as a direct result of his/her participation in interscholastic athletics. **We certify that our family insurance program covers such injuries, which might be sustained by our son/daughter as a result of participation in interscholastic athletics. Our insurance information is listed below.**

### Insurance Coverage Information

**NAME OF COMPANY**

**POLICY NUMBER**

**MEDICAL**

\_\_\_\_\_

\_\_\_\_\_

**DENTAL**

\_\_\_\_\_

\_\_\_\_\_

For those parents who are not covered by a personal health insurance program, you may contact the WHCSD Athletic Department for information pertaining to a student accident insurance program.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date)

## Student Accident Insurance

Please initial the line that applies;

\_\_\_\_\_ **I want student accident insurance.** I understand that placing my initials here does NOT enroll my child. I must complete a separate insurance application and submit with payment to the insurance company.

\_\_\_\_\_ **I do NOT want student accident insurance.**

Does the other parent have shared legal parental rights to student(s) records, to visit or take the student out of school?

\_\_\_\_\_ Yes If yes, court papers must be presented.

Please be advised, we the school district assumes if both parents are listed on these documents that both parents have equal rights to the student and his/her records.

\_\_\_\_\_ No If no, WHCSD can only enforce with documentation from the courts.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date)