

This form is only for students trying out for baseball and softball over the summer – all other students will complete one at registration in August.

WESCLIN MIDDLE SCHOOL

ACCIDENT AND HEALTH INSURANCE WAIVER

Statement of Insurance Coverage for Health for Student Athletes:

I certify that my child has health, accident and hospitalization insurance. I, as a parent/guardian will accept full responsibility for payment of any claims for injuries received while participating in inter-scholastic athletics. I hereby give my permission for:

_____ (Student Name) to participate in athletics conducted by school authorities.

Parent/Guardian Signature

Date

Please turn this in to the Baseball or Softball coach at the time of tryouts.