

BAINBRIDGE HIGH SCHOOL
Bainbridge Island, Washington 98110
Telephone 842-2634

PARENT CONSENT FORM

We approve of our son/daughter participating on the

_____ team at Bainbridge High School. Furthermore, we understand that certain athletic guidelines and rules have been established by the school and are outlined in the Athletics/Activities Participation Code. In addition, our student needs to meet the academic eligibility requirements in order to participate. Furthermore, we understand that certain risks of bodily harm, both minor injuries and catastrophic injuries, are inherent in all sports competition.

Parents/Guardians signature _____

=====

BAINBRIDGE HIGH SCHOOL
WAIVER OF ACCIDENT PLAN COVERAGE

DATE _____ STUDENT'S NAME _____

I understand that my child cannot participate in interscholastic athletics unless my child is covered by the school accident coverage plan, or an equivalent plan provided by the family.

I have insurance coverage equivalent to or better than the school accident coverage plan and will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll the student (named above), in the school accident coverage plan.

(Parent or guardian signature)