

**REQUEST FOR WAIVER
OF ACCIDENT PLAN COVERAGE**

Date _____ 20_____

Dear Principal:

I understand that my child cannot participate in after school athletics unless he/she is covered by school accident coverage or a waiver is granted.

I have insurance coverage the equivalent or better than the insurance coverage that may be obtained through the school's selected company. Our coverage will be kept in force throughout the entire school year and therefore I do not wish to enroll _____ in the school accident coverage plan.

I accept full responsibilities for the cost of treatment of any injury which he or she may suffer while taking part in the program. Please waive this requirement and permit him/her to take part in athletics and sports days.

Parent's signature

Student's Grade _____