

INSURANCE INFORMATION

I understand that my student athlete cannot participate in interscholastic athletics unless he/she is covered by the School Accident Coverage Plan or another insurance with the following minimum provisions:

1. Minimum death benefit of \$600.
2. A maximum payment for any one injury of at least \$500.
3. Coverage equivalent to the *Washington State Industrial Insurance Fee Schedule* for doctor's services and hospitalization with a 30 day minimum for the latter.
4. X-rays to a maximum of at least \$100.
5. Dental coverage equivalent to the *Washington State Industrial Insurance Fee Schedule* to at least \$100.

My student athlete is covered by the insurance policy listed below which is equivalent to or better than the above requirements of the Washington Interscholastic Activities Association, and I will continue to keep it in force through the sports season.

_____ The School Accident Coverage Plan I have purchased.

_____ Name of Medical Coverage Plan: _____

By my signature below, I verify and attest accident coverage as provided by our policy and I accept full responsibility for the cost of treatment for any injury which my student athlete may suffer while participating in the program.

SIGNATURES

We, the undersigned, herewith:

1. Agree that the student athlete will abide by the principles and regulations of the W.I.A.A., WESCO League, and Mukilteo School District in addition to any team rules the coaching staff may establish.
2. Understand that the student athlete must have had a minimum grade point average of 2.0 and must have passed all subjects during the previous semester in order to participate.
3. Agree that health concerns information may be shared with school personnel as necessary to benefit the safety of District students and others. (Please keep this information up to date.)
4. **Certify that we have read this entire Interscholastic Athletic Registration Form and that all the information provided is correct, true, and complete.**

Note: A copy of the "Parent/Student Guide for Athletics" will be provided for each athlete.

Signature of Parent/Legal Guardian

Date

Signature of Student Athlete

Date