

# Bay-Waveland School District Athletic Participation Clearance Form

\_\_\_\_\_ has my consent to participate in all required activities  
(Name of Student)  
pertaining to the Bay-Waveland School District's athletic program. Circle sports participating in.

- |            |          |            |              |       |
|------------|----------|------------|--------------|-------|
| Band       | Baseball | Basketball | Cheerleading | Dance |
| Football   | Soccer   | Softball   | Tennis       | Track |
| Volleyball |          |            |              |       |

**I hereby acknowledge that health and accident insurance coverage is required for participation in all organized athletic activities and further certify that my child is covered under the health and accident insurance program listed below. INSURANCE INFORMATION MUST BE COMPLETED FOR COMPANY NAME AND POLICY NUMBER TO BE ACCEPTABLE.**

Personal(Family) Health/Accident Insurance  Name of Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 (Number Required)  
 \_\_\_\_\_ School Insurance Amount (\$) \_\_\_\_\_ Date \_\_\_\_\_

*In addition, I assume any expenses for liability not covered by the above required insurance policy for injury received by the above named student while participating in sports authorized above and accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless the Bay-Waveland School District and the Board of Education of the Bay-Waveland School District, their agents or assigns, of responsibility for any such injury or expenses and waive any and all claims which may arise against them. I realize that participating in organized high school athletics involves the potential for injury which is inherent in all sports, sometimes severe enough to result in total disability, paralysis or death.*

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

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