



Wheatland Union High School District

PARENTAL PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS AND OTHER ACTIVITIES REQUIRING INSURANCE

Student: _____ Date: _____

I. INSURANCE

This student has my permission to participate in the activities listed below during this school year. The required minimum of \$1,500.00 medical and hospital benefits has been provided or will be provided as follows:

() Our own personal insurance plan. Please list issuing company name and group number:

() Myers/Stevens Company School Insurance. Forms for this insurance are available in the main office. I understand that athletes are NOT eligible until the Company receives payment. Signed form and payment for insurance are due on _____. Please turn in to the Athletic Director's office.

II. THIS STUDENT MAY PARTICIPATE IN THE FOLLOWING ACTIVIES DURING THIS SCHOOL YEAR:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Signature of Parent/Guardian

School Official verifying Insurance