

Bednarcik Junior High School

Athletic Department

*Waiver for
Interscholastic Sports*

Date: _____

We, _____, the parents of
_____, give permission for
him / her to participate in interscholastic sports.

Name of interscholastic sport: _____

He / she does not have the insurance provided by the school athletic program, but we are satisfied that the insurance policy we carry is sufficient for this purpose. Further, we agree that in the case of accident and / or injury, we will not hold the Board of Education or School, Community Schools, or its designated representatives responsible.

Mother _____

Father _____

Our insurance company _____

Our insurance policy number _____