

BOARD OF EDUCATION – PORT WASHINGTON, WISCONSIN

The Wisconsin Interscholastic Athletic Association requires that each participant who desires to compete in any interscholastic sport sponsored by the Association must present a Certificate of Physical Fitness before he/she may be certified for competition. Since accidents do occur and medical costs are expensive, it is the policy of these schools to require that each student be covered by the Student Accident Insurance Program offered through the school district or by a comparable policy. If you carry insurance in which you are positive of athletic accident protection, you may void duplicate costs by completing the waiver found below.

Dr. Michael R. Weber, Superintendent of Schools

ELECTION TO WAIVE THE STUDENT ACCIDENT INSURANCE PROGRAM

This is to certify that _____, a student of the [Port Washington-Saukville School District](#), has accident insurance comparable or better than the Student Accident Insurance Program offered through the school district. This student will not apply for coverage under the school offered insurance program.

Name of Insurance Company

Address of Company

It is understood that insurance claims for injury as a result of participation in any interscholastic athletics will be made through the above-named insurance carrier.

Signature of Parent

Date Signed

Please complete two copies of this form. **KEEP ONE FOR YOUR FILE AND RETURN THE OTHER TO THE SCHOOL OFFICE.**

FOR OFFICE USE ONLY

DO NOT WRITE IN THIS SPACE

Sports: 1. _____
2. _____
3. _____

INSURANCE PLAN
STUDENT INSURANCE PROGRAM _____ OTHER _____