

**WILMINGTON AREA SCHOOL DISTRICT
400 WOOD STREET
NEW WILMINGTON, PENNSYLVANIA 16142**

Extracurricular Activities Registration Form / Insurance Form

(Please print or type)

NAME _____ Present Grade _____
(Last) (First) (Middle Initial) (During season of competition)

ADDRESS _____ Home Phone _____

BIRTHDATE _____ Age Last Birthday _____

PLACE OF BIRTH (City and State) _____

I, the undersigned, give permission for the about named student to participate in the following sport or activity:

SIGNATURE OF PARENT/GUARDIAN _____

DATE

.....
The Wilmington Area School Board Policy entitled "Student Accident Insurance" states:

Any student who wishes to participate in an interscholastic sports program, in the cheerleader program, in the band program, or in an intramural sports program will be required to purchase the accident insurance made available through the school **OR** provide proof of insurance comparable to that insurance made available through the School District.

****THIS INSURANCE DOES NOT COVER VARSITY FOOTBALL.**

(Please check one of the following and sign where indicated.)

- We have purchased the student accident insurance made available through the school.
- We do not wish to purchase the student accident insurance made available through the school and will file a certificate of comparable insurance form completed by our insurance agent and/or company representative with the School District.
**(Send in a photo copy of the child's Health Insurance Card with this packet as proof of insurance)*

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____