

**BELLOWS FALLS MIDDLE SCHOOL
INTERSCHOLASTIC SPORTS
Permission to Play and Insurance Form**

Student's name _____ Grade _____

All participants in INTERSCHOLASTIC SPORTS must have this form completed and returned to the office before participation will be allowed.

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PARENT OR GUARDIAN

_____ Has my permission to play INTERSCHOLASTIC SPORTS
For the Bellows Falls Middle School during the _____ school year.

DATE: _____ Signature of Parent/Guardian: _____

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INSURANCE OR WAIVER

All participants in INTERSCHOLASTIC SPORTS must have either school insurance or their own insurance before they may participate.

We have the school insurance plan _____.

We have own insurance _____ Company _____

Policy Number _____