



INSURANCE INFORMATION

It is necessary to provide the athletic department with proof of health insurance before the student is allowed to participate in competitive athletics. It is also important to identify the insurance carrier. This is necessary in the event of an emergency.

If a student is accidentally, injured and generates medical expenses associated with the accident, all claims must be filed first with the student's or parent's personal insurance company. If a balance remains after the personal insurance company has paid its maximum, that balance will be submitted to the school's athletic accident insurance company. If covered, the school's insurance company will pay the balance of the eligible medical expenses not covered by the personal insurance company up to the maximum of the policy. Please note that the school's insurance coverage is secondary to the personal insurance company under which the student is covered.

The school's insurance policy covers only new accidents that are sustained during competition or supervised practice. Any bills related to injuries that fall into the category above should be mailed to the athletic department only after being first submitted to the personal insurance company. Preexisting injuries, off season injuries, injuries incurred during the season that are not directly related to in-season competition or supervised practice, and/or routine medical care are not covered. Also, not covered are injuries or "conditions" caused by overuse, such as tendonitis and stress fracture.

If you have any questions regarding the accident insurance coverage, please feel free to contact us at your convenience. We look forward to serving you this year, and we hope that your experience will be enjoyable and accident free.

I have read and understand the above information. I understand that my child must be covered by health insurance in order to participate in athletics. She is covered by:

Regular/Indemnity_____

PPO_____

HMO_____

Point of Service (POS)_____

Other_____

Name of Insurance Company_____

Name of Insured Party_____

Social Security Number of Insured party_____ (Important)

Policy Number_____ Group Name or Number_____

Signature of Parent/Legal Guardian

Date