

**SUMMIT PUBLIC SCHOOLS
PERMISSION TO PARTICIPATE IN ATHLETICS
INSURANCE INFORMATION**

(TO BE FILLED OUT *EACH SEASON* BY PARENT OR GUARDIAN)

STUDENT NAME: _____
(please print)

SPORT: _____ GRADE: _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____
(city/state/country)

DATE FIRST ENTERED SUMMIT HIGH SCHOOL _____
(month/year)

INSURANCE INFORMATION

The Summit Board Of Education provides insurance coverage for all participants in the interscholastic athletic program while engaging in practice sessions, games and travel to and from events on school provided transportation. The type of coverage is a "full excess" plan covering any medical expenses incurred by the athlete within the limits of the policy. "Full excess" provides that all claims must be submitted first to the family policy carrier including a major medical plan. The school policy will cover the balance of the costs within the limits of coverage. If an athlete has no other medical insurance in effect, the school policy becomes the "primary" coverage and will pay all medical cost within the limits of the policy. The school policy, payment of the difference is the responsibility of the athlete's parents. The form can be attained through the athletic training office as long as the injury has been reported within 90 days of the date of the accident.

INFORMED CONSENT

I/We realize that participation in the _____ program involves the potential for injury, which is inherent in all sports. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I hereby authorize the school athletic trainer and/or school approved physician to evaluate and treat any injury accordingly.

DECLARATION

I/we have read all the information herein and grant permission for my son/daughter to participate.

PARENT /GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN **PRINTED** NAME