

DORRELL GREEN, Ed.D.
Superintendent

TED AMMANN, MBA, Ed.D.
Chief Operating Officer

**MEMO TO: PARENTS AND GUARDIANS OF STUDENTS PARTICIPATING
IN INTERSCHOLASTIC SPORTS**

**FROM: TED AMMANN
CHIEF OPERATING OFFICER**

DATE: JULY 2024

SUBJECT: INTERSCHOLASTIC SPORTS INSURANCE

Once your student athlete has submitted the completed waiver of liability form (“Release Agreement”), he/she will be eligible for limited coverage under our Interscholastic Sports insurance policy. Limited coverage is provided for accident medical expense benefits while participating in high school interscholastic games or practice sessions or while traveling under school supervision to and from such scheduled games or practice sessions. This coverage is provided under two policies, (1) a \$25,000 “Basic Plan” and (2) a “Catastrophe Plan.” The Basic Plans are underwritten by the Philadelphia Indemnity Insurance Company. The benefits payable under these insurance policies are described briefly in the Summary of Benefits (see other side).

The school district pays the premium for this insurance. The Sports coverage is excess over any other valid and collectible insurance you may carry. Claims must be submitted to both your primary carrier (such as HMO or Blue Cross) and to the sports insurance carrier. Also, **if your primary health insurance is with an HMO or PPO, you must use those facilities in order for the sports insurance to provide the excess coverage.**

There is a 90-day time limit, after any accident, for reporting a claim. If your primary carrier does not cover the expenses in full, the sports insurance will pay for any additional eligible expenses that are within their “Usual and Customary” fee schedule. You are responsible for expenses or losses that exceed the coverage provided by your insurance, the Basic All Sports policy and the Catastrophe policy.

Claim forms can be obtained from the school nurse.

The coverage applies only to interscholastic sports, intramural sports, and non-sport extra-curricular activities.

The permission slip and the “Request to Participate and Release Agreement” (waiver) must be signed and returned to your coach immediately

**SUMMARY OF BENEFITS
INSURANCE FOR ALL INTERSCHOLASTIC SPORTS**

The following is a brief description of benefits. Consult the district’s master policy for complete details.

IMPORTANT: Benefits are payable for covered expenses not recoverable from another plan and are limited to Usual and Customary fees of the provider of the medical services.

Virus Exclusion: sickness; disease; bodily or mental infirmity; bacterial or viral infection or medical or surgical treatment thereof; except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.

Coverage is provided as follows:	<u>Basic Plan</u>	<u>Catastrophe Plan</u>
Maximum medical benefit	\$25,000	\$5,000,000
Deductible per claim	None	\$25,000
Time limit for filing a claim	90 days	90 days
Time limit for incurring eligible charges	3 years	180 days

Covered Expenses: Applies to both Basic Plan
& Comprehensive Plan

When Hospitalized:

Hospital daily room & board	U & C
Other in-patient hospital expenses	U & C
Registered or licensed nurse	U & C
Emergency room	U & C

Physicians Services:

Surgery	U & C
Doctors visits	U & C
Anesthetics	U & C
Consultations, assistants & second opinions	U & C

Dental:

Treatment, repair or replacement of each injured, natural tooth. Includes initial braces when required for treatment of a covered injury, as well as examination, x-ray, restorative treatment, endodontics and oral surgery & gingivitis resulting from trauma.

Additional Services In Hospital:

Laboratory and x-rays	U & C
Drugs & medicines	U & C
Physiotherapy	U & C
Orthopedic appliances	U & C

Basic Plan

Additional Services Out of Hospital:

Ambulance to initial treatment facility	U & C
Eyeglasses, contact lenses & hearing aids, repair or replacement of such items resulting from a covered injury requiring medical treatment	U & C

U & C: Indicates Usual and Customary Expense

**RED CLAY CONSOLIDATED SCHOOL DISTRICT
SECONDARY SCHOOL ATHLETICS
REQUEST TO PARTICIPATE AND RELEASE AGREEMENT**

Student's Name: _____

By signing the form below, I am requesting that the student whose name appears above ("Student") participate in one or more interscholastic athletic activities (collectively, "Activities") of the Red Clay Consolidated School District (the "District").

In consideration of the District permitting the Student to participate in one or more of the Activities, I am entering into this release agreement with the District. I understand that participation in the Activities could subject the Student to the risk of personal injury. These risks have been considered, and I have voluntarily chosen to allow the Student to participate in the Activities and assume all dangers and risks of such participation. I certify that the Student is in suitable health and capacity which allows the Student's participation in the Activities.

I knowingly and voluntarily release, waive and agree to indemnify and hold the District, its agents, employees and successors or assigns thereof harmless from and against any claim which I, the Student, or anyone else may now or hereafter have against the District that arises out of, during, or in connection with the Student's participation in the Activities. This release agreement shall be construed to be as comprehensive as is allowed by law.

I have read and understand this release agreement. I have also read and understand the information provided on the Interscholastic Sports Insurance Program and will abide by the provisions therein.

Signature of Parent/Guardian

I am the Student referred to above, and I am 18 years of age now or will be during the school year. I agree to the terms of this release agreement.

* Signature of Student Athlete

Address: _____

Date: _____

* Signature of Student Athlete is only necessary if student is, or will be, 18 years of age or older during the school year.