

Athlete Insurance Disclosure Form

Please select one of the statements below and complete that section. This form **MUST** be returned to your child's school and be signed by a parent or guardian. The child will not be eligible to participate until the "Athlete Insurance Disclosure Form" has been provided to school officials.

Child's Name: _____
Last Name, First Name

I already have accidental injury insurance for my child.

Private coverage will be provided by the following company:
 (YOU MUST WRITE THE INSURANCE COMPANY NAME)

 Name of Private Insurance Company Date

 Parent/Guardian Signature Date

I need accidental injury insurance or would like to purchase extra coverage for my child.

A brochure may be picked up at school with all the details for coverage options and payment information, or you may visit <https://k12specialmarkets.com> to apply.

Parents must apply and pay directly to the company.

Please check one in each column:

	24 Hour		With Dental		Cooper
	School Time		Without Dental		Bronze
	High School Football				Silver
					Gold

TOTAL PAID: \$ _____

 Parent/Guardian Signature Date Young Group Policy Number

The Person County Board of Education ("Board") does not carry accidental injury insurance on any athlete. Parents are required either to purchase insurance through the Board's student insurance policy or to attest that their child(ren) have private insurance coverage. Insurance coverage for varsity football may be purchased through the student insurance, but at a higher premium. The Board provides catastrophic insurance coverage on all athletes. This catastrophic coverage has a \$25,000 deductible.

If parents have private coverage and choose not to buy insurance through the Board's policy, it is the parent's responsibility to notify the school system of any change in coverage during the school year and to ensure that the child is fully covered throughout the period of time the child is participating in athletics.