

**TO:** Parents of Athletes  
**FROM:** Athletic Department, Plano Independent School District  
**SUBJECT:** Voluntary accident insurance coverage for athletes  
Senior High and High School 2009 - 2010

The Plano Independent School District (PISD) assumes no financial responsibility for injuries sustained in any school sponsored athletic event or practice. A parent or guardian does have the option to purchase accident insurance made available by a company selected through the PISD's purchasing guidelines. A summary of benefits and exclusions of this policy is contained in the accompanying application. **Treatment must be provided by a licensed physician within 60 days of accident and all expenses must be incurred within 52 weeks from the date of accident.** This is a supplemental coverage policy only and pays after settlement has been made on primary insurance carried by the parent or guardian. However, a maximum of \$100 of eligible expenses will be paid before other insurance is investigated.

My signature below indicates that I understand all athletes in grades 7-12 can be covered by the "school time" or "24 hour" options, **with the exception of football players in grades 9 – 12.** I further understand that a student involved in football in grades 9-12 is covered **only** after enrolling in the "football" option. In addition, I understand that the "football" coverage does not extend beyond football practices, football games, and travel to and from these practices and games during transportation in school vehicles. I also understand that coverage for students in grades 9-12 who enroll in the "football" option ends on the last day of scheduled games, which includes playoff games for participating schools, and resumes on the first scheduled day of Spring Football until the final scheduled day.

\_\_\_\_\_ is involved in University Interscholastic League athletics.  
Name of athlete

I acknowledge that I have been given the opportunity to review the application, benefits and exclusions of the insurance mentioned above. **I understand that it is my responsibility to submit the request for coverage and payment directly to the insurance agent as indicated on the application. I understand that this insurance is not in effect until received in the office of the insurance agent indicated on the application.** I hereby release the Plano Independent School District from accident insurance responsibility.

FURTHERMORE, if injury occurs during practice or game conditions, I grant permission for the PISD staff member in charge to exercise his/her judgment and take immediate and appropriate action.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date signed