

Rochester Area School District Insurance Information

And

Release and Waiver of Liability

NOTE: The Release and Waiver of Liability must be signed by the participant's legal guardian if the participant is not of legal age.

PARTICIPANT INFORMATION

Participant's Name _____ Social Security# _____
Permanent Address _____ Date of Birth _____ Sex _____
City, State, Zip _____ Home Phone _____

PERSON TO CONTACT IN EMERGENCY

Name _____ Name _____
Relation to Participant _____ Relation to Participant _____
Daytime Phone _____ Daytime Phone _____
Evening Phone _____ Evening Phone _____

INSURANCE POLICY INFORMATION

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer Name _____
Employer's Address _____
Insurance Company Name _____
Insurance Company Address _____
Group# _____ Agreement# _____
Family Physician _____ Phone# _____

I, _____ hereby authorize the school district's trainer to have my child treated by a physician or, if stated, by a physician of my choice, if any injury is sustained during a sports event.

Parent/Guardian Signature _____

Rochester Area School District

Dear Parents:

The following information pertains to the insurance program as adopted by the Board of Education of the Rochester Area School District:

- The program adopted is administered by A-G Administrators, Inc.
- The basic insurance policy is required to all students participating in athletics. Your child will be covered by the Rochester Area School District's insurance policy, which is a secondary policy.
- The school district will purchase a policy to cover those students participating (7th through 12th) in any of the athletic programs offered throughout the school year. This insurance policy also includes band and cheering programs. Athletic programs covered throughout the school year include: junior/senior high football, men's & women's tennis, men's & women's basketball, men's & women's track, volleyball, golf, bowling, softball, and baseball. The insurance we carry is known as "SECONDARY INSURANCE", which means that in the event of an injury to your child, YOU MUST USE YOUR OWN INSURANCE FIRST. Once an accident has occurred, the appropriate accident form will be completed by the teacher or coach in charge of the student and forwarded to the High School Office.
- The High School Office will process the insurance form as it applies to the school ONLY.
- An accident form and copy of this information will be sent to the parents of the student. IT IS THE PARENTS RESPONSIBILITY IF THEY WISH PAYMENT MADE BY THE STUDENT'S ACCIDENT INSURANCE AND TO FORWARD THE BILLS RELATED TO THE ACCIDENT WITHIN 90 DAYS OF THE LETTER TO THE INSURANCE COMPANY.
- PLEASE NOTE: the school's responsibility relative to this claim ends at this point and it Now becomes the PARENT'S RESPONSIBILITY to settle with the insurance company.

Brad Verrico
Athletic Director

As the parent/guardian of _____, I have read
The above procedure on insurance as adopted by the Rochester Area School Board of
Education and I understand the limitations of the insurance policy and the procedures to be
followed.

Signature of Parent/Guardian

Date