THE SCHOOL DISTRICT OF PALM BEACH COUNTY RISK & BENEFITS MANAGEMENT

Interscholastic Athletics Accident Insurance

All high school interscholastic athletes will be required to contribute \$75.00 toward the cost of interscholastic athletics accident insurance. This school year contribution will be used to help offset the School District's cost in providing quality accident insurance for our athletes. Coverage may begin *AFTER* your primary insurance coverage processes a claim. Athletes *MUST* use their Primary Insurance Network first, before using the school insurance. See the Summary of Insurance for more complete terms and conditions available at https://schoolinsuranceofflorida.com or call 1-800-432-6915.

Payment Options							
OPTION 1: \$75.00 one time payment per school year				OPTION 2: \$10.00 Try-out fee, upon making the team an additional \$65.00 is due			
Covered: IN-SEASON Interscholastic athletic activity (including contests, practices and try-outs) Covered: OFF-SEASON conditioning within the school year NOT Covered: OFF-SEASON "sport-specific" skills/drills or "open facility" activities NOT Covered: SUMMER activities These fees are NON-REFUNDABLE and, once paid, will continue to provide coverage for additional sports. Return this form as part of the Athletic Packet with all requested information and your payment attached. Make the check or money							
order payable to the school below:							
Student ID #	Student First Name	L	Last Name			Date of Birth	Today's Date
School Name							
Sport Sport			Sport				
Interscholastic Athletic Accident Insurance Try-Out Fee Option 1: A student-athlete may choose to pay a ONE-TIME \$75.00 fee. Option 2: A \$10.00 non-refundable fee can be submitted to try-out for any sports team. Upon making the team, the student-athlete is responsible for remitting the balance of \$65.00 before participating in further practice or games/events. Until the \$75.00 annual limit is reached, the student-athlete must remit an additional \$10.00 try-out fee for each sport. For more information about payment or fees, contact your high school athletic director.							
OPTION 1: C	ne payment of \$75.00 - No	cash payment a	allowed				
Date Received:	School Cash ———Online:	Ch	eck #:	\$:	Mon	ey Order #:	\$:
OPTION 2: \$10.00 Try-out fee; Remaining \$65.00 - No cash payment allowed School							
Date Received:	Cash ———Online: _	Ch-	eck #:	\$:	Mon	ey Order #:	\$:
Date Received:	School Cash Online:	Ch	eck #:	\$:	Mon	ey Order #:	\$:
Additional Information (For Athletic Director Use Only)							
Print Name of Parent/Legal Guardian			Signature of Parent/Legal Guardian			Date	