

**Proof of Insurance Coverage for
High School Football, Soccer, and
Other Interscholastic
Sports Participation**

2005-2006 SCHOOL YEAR

Signature of Student

Dear Parents:

THIS IS NOT AN APPLICATION FOR INSURANCE.

Both football, soccer and insurance for all other interscholastic sports (including cheerleading) will be underwritten by AIG Life (AIG) Life Insurance Company for the 2005-2006 school year. This will be handled through Fowinkle School Insurance Agency.

The Escambia County School Board requires that ALL students participating in football, soccer, or any other school sponsored interscholastic sports (including cheerleading) be required to provide evidence of insurance up to a minimum of \$25,000 in medical coverage, prior to the student's participation. Please complete the section or sections below and have the form signed by a parent or guardian and notarized. If your student is not currently covered by insurance with these limits, you may purchase this coverage from AIG Life Insurance Company, which will satisfy this requirement. If your child is covered by your family insurance policy, please provide and attach to this form evidence of this coverage (insurance card, policy, etc...) **NO STUDENT WILL BE ALLOWED TO PARTICIPATE WITHOUT PROPER INSURANCE COVERAGE!**

YOU WILL NEED TO SEE YOUR SCHOOL'S ATHLETIC DIRECTOR OR TEAM COACH FOR THE AIG LIFE INSURANCE APPLICATION. ALL APPLICATIONS AND MONEY MUST BE TURNED BACK INTO YOUR COACH FOR SUBMITAL TO THE INSURANCE COMPANY. A SCHEDULE OF BENEFITS CAN BE FOUND ON THE APPLICATION.

FOOTBALL INSURANCE

1. I have hospitalization insurance with _____
Name of Insurance Company and Policy #
Deductible _____ (Please attach a copy of your insurance card or policy with the minimum medical coverage of \$25,000).

2. I do not have adequate insurance coverage; I want to purchase:
FOOTBALL INSURANCE - \$30,000 maximum medical limit (ONLY Column "A" in the Schedule of Benefits are available for Football Coverage)

Grades 9-12:

Option A: \$48.00 - Coverage includes fall and spring seasons.

Option B: \$18.00 - Coverage includes Spring Football Only. (This coverage applies to new players in the Spring including incoming Freshman).

This coverage is for football ONLY and will not be sufficient for other sports. (See section titled "Athletic Insurance" for all sports other than football and soccer).

3. I want to also include **SUMMER ONLY 24-HOUR** Coverage for Summer Conditioning-\$14.50 (Summer Conditioning is not included in either option above)

SOCCER INSURANCE (ONLY Column "A" in the Schedule of Benefits are available for Soccer Coverage)

1. I have hospitalization insurance with _____
Name of Insurance Company and Policy #
Deductible _____ (Please attach a copy of your insurance card or policy with the minimum medical coverage of \$25,000).

2. I do not have adequate insurance coverage; I want to purchase:
SOCCER INSURANCE - \$30,000 maximum medical limit

Grades 9--12:

\$18.00 - Coverage includes season.

This coverage is for soccer ONLY and will not be sufficient for other sports. (See section titled "Athletic Insurance" for all sports other than football and soccer).

3. I want to also include **SUMMER ONLY 24-HOUR** Coverage for Summer Conditioning-\$14.50 (Summer Conditioning is not included in either option above)

ATHLETIC INSURANCE - (Interscholastic Sports other than football and soccer, includes cheerleading)

1. I have hospitalization insurance with _____
Name of Insurance Company and Policy #
Deductible _____ Personal contract policy will pay on a sports injury after deductible.
(Please attach a copy of your insurance card or policy with the minimum medical coverage of \$25,000).

2. I do not have adequate insurance coverage; I want to purchase:
ATHLETIC INSURANCE - \$30,000 maximum medical limit

Grades K-12 and Vo-Tech:

Option A: \$8.50 - Economy School Time Coverage (This coverage can be used to cover off-season training programs, i.e. weightlifting)

Option B: \$59.00 - Deluxe 24 Hour Coverage

3. I want to also include **SUMMER ONLY 24-HOUR** Coverage for Summer Conditioning-\$14.50 (Summer Conditioning is not included in either option above)

State of Florida / County of Escambia

Signature of Father (or Guardian)

Signature of Mother (or Guardian)

Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____ A.D. 20

My commission expires _____

Notary Public, State of Florida

NO STUDENT WILL BE ALLOWED TO PRACTICE OR PLAY IN ANY ORGANIZED INTERSCHOLASTIC SPORTS ACTIVITY UNTIL PROOF OF INSURANCE IS VERIFIED AND THIS DOCUMENT IS SIGNED, NOTARIZED, AND RETURNED TO THE ATHLETIC DEPARTMENT.