

Pinewood Christian Academy
Insurance Information for Participation
(All Athletics/Literary - excluding High School Football)

Board policy states that each student who participates in athletics must be covered by a health insurance plan prior to his/her participation. Primary insurance coverage for your child is a parental responsibility. This has always been the case and will continue. In previous years, the Academy has provided a secondary insurance coverage for athletes, to be used in addition to the primary coverage. The benefits received from this policy do not merit the mandatory requirement assigned to patrons for each child. It is for this reason that this secondary insurance policy will no longer be made mandatory. If you would like to purchase secondary insurance, this will be made available to you through our new student insurance plan underwritten by The Young Group Insurance Company. You should have received a website address explaining the benefits provided which includes athletic participation. There are several levels of participation with increasing benefits and premiums for each level. If your child is covered by a home health insurance plan, it will not be necessary to purchase additional insurance coverage unless you would like to. Please fill out the next portion of this form, read and sign the medical authority statement at the bottom of the page, and return it to your head coach or Athletic Director.

Name of Insurance Company _____			
Mailing Address _____			
City _____	State _____	Zip _____	
Name of Subscriber _____		Policy# _____	
Relationship to participant _____			

The next section is for only those who have no home health insurance coverage.

Board policy states that each student must be covered under a health insurance plan before he/she can participate in athletics. The basic student insurance plan offered through our school provides minimal coverage for all sports except high school football. If you have no home health insurance coverage for your child(s), you must enroll him/her in a student insurance plan offered on the brochure. There are several options with increasing benefits and premiums to choose from. If you need to enroll your child(s) in this insurance plan, fill out the information on the website, or print off the sheet and mail the check to the provided address. A master list of all athletes who participate in the student insurance program will be kept and made available to all coaches. Once you enroll in the student plan, it will provide adequate insurance for your child's participation in all sports throughout the year except high school football. Enrollment instructions are on the PCA website.

Medical Treatment Authority Statement

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to attend athletic events sponsored and conducted by PCA. In order for my son/daughter/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize the PCA staff members to obtain medical treatment for my son/daughter/ward for such injury or illness during any event, and hereby hold PCA and their representatives harmless in the exercise of this authority. I further acknowledge, understand, and agree that in participating in these events there is a possibility of physical injury or illness and that my son/daughter/ward is assuming the risk of such injury or illness by his/her participation. I assume full financial responsibility for such treatment.

Signature of parent/guardian

Date

Printed name of student participant