

**Pinewood Christian Academy**  
**Insurance Information for Athletic Participation**  
**(High School Football Only)**

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. 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 Coach Wasson.

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 football. 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, you must enroll him in the football coverage plan offered on the brochure. There are several options with increasing benefits and premiums to choose from. The football option plan will be sufficient to allow your son to participate. If you need to enroll your son in this insurance plan, fill out the information on the website or print out and mail to the provided address. Enrollment instructions are on the PCA website.

**Medical Treatment Authority Statement (Must be signed by all parents)**

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to attend athletic events sponsored and conducted by the 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.

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

\_\_\_\_\_  
Date

Printed name of student participant \_\_\_\_\_