

**IMPORTANT!**

**ANY ATHLETE THAT SEES ANY PHYSICIAN FOR ANY REASON MUST HAVE A NOTE FROM THAT PHYSICIAN TO RESUME PARTICIPATION.**

**HEALTH INSURANCE INFORMATION: Please provide insurance information for your student-athlete.**

Print Name of Student: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy and/or Group Identification Numbers: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Is this student athlete covered under this insurance? (Please circle one) YES NO

**Parents and Guardians:** Waller ISD will provide a limited benefit **SECONDARY** insurance policy for students in grades 7 – 12 involved in interscholastic sports. This insurance policy does not provide comprehensive coverage. This insurance works as a secondary policy. You must file on any other insurance you have first, then on this policy second. Once your primary insurance has paid, then the remaining balance up to a certain maximum will be covered. If you do not have primary coverage, the school insurance will only pay the maximum allowed benefit. **There is no guarantee that all medical expenses will be covered. It is the parent's responsibility for all UNCOVERED EXPENSES.** Claim forms, available through the sport's head coach or athletic trainer, should be taken to the doctor when an injury requires professional medical treatment. Make sure all bills are itemized to insure maximum coverage. **Claim forms need to be filed within 90 days of the initial injury.**

**Any athlete who has an injury due to interscholastic sports competition or workouts should report it to the athletic trainer or coach immediately.** The supervising coach or athletic trainer **must receive prior notice** that an athlete is going to the doctor because of an athletic injury. This is done so that Waller ISD can keep up with injuries accurately and fill out the claim forms properly. The district will not be held responsible for any visits to the doctor which the supervising coach or athletic trainer does not receive prior notice of.

**Please understand that this is a scheduled benefit policy and will only pay up to the benefit maximums. There is a network of medical providers who do accept those benefits on full assignment. Please contact the athletic trainer for further information.**

**~ WARNING ABOUT THE INHERENT DANGERS OF ATHLETIC PARTICIPATION ~**

Student athletes and parents should be aware that any athletic participation will always have inherent dangers. Although rare, death or catastrophic injury can result from participation in sports; care should be taken by all concerned to minimize such dangers through the use of appropriate equipment, proper training methods, and common sense.

The UIL encourages student athletes in all sports, and their parents, to discuss risks and risk minimization with coaches and school administrators.

Neither the University Interscholastic League nor Waller ISD assumes any responsibility in case an accident occurs.

X \_\_\_\_\_ X \_\_\_\_\_  
STUDENT SIGNATURE PARENT/GUARDIAN SIGNATURE DATE