



*“Building a  
Foundation for  
Lifelong  
Learning”*

# CECIL COUNTY PUBLIC SCHOOLS

GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER  
201 Booth Street • Elkton, MD 21921

## DIVISION OF EDUCATION SERVICES

410-996-5496 • FAX 410-996-1062 • [www.ccps.org](http://www.ccps.org)

Henry A. Shaffer  
*Superintendent*

Christine M. Sopa  
*President, Board of Education*

### Football Insurance Waiver Form

**School Year:** \_\_\_\_\_  
(Fill in year covered: Example 2009-10)

The Cecil County Public Schools require all students who participate in interscholastic Football to be covered by medical insurance protection. We believe that this protection is in the student's best interest.

To assist with implementation of this requirement, the Board of Education of Cecil County makes available through an insurance company, a Student Accident Insurance Plan which may be purchased at nominal cost by the student's parents.

Please keep in mind that the Student Accident Insurance Plan may offer insurance protection, which is not included in your personal insurance program. Since football is a contact sport, you are encouraged to purchase the Student Accident Insurance Plan as a supplement to your existing coverage.

**Please complete the form below and return it to the school.**

As the parent/guardian of \_\_\_\_\_  
**(Student's Name)**

**You must check one of the following boxes:**

- I have purchased the Student Accident Plan; therefore, I request that my daughter/son be permitted to participate voluntarily in interscholastic football.
- I hereby waive purchase of the Student Accident Insurance Plan and request that my daughter/son be permitted to participate voluntarily in interscholastic football because I believe that adequate insurance coverage is provided in my/our personal insurance program. Hereunder is my present policy information.

**Inherent risks of participation in interscholastic athletics:**

Further, in the event of an accidental injury sustained by my daughter/son while participating in interscholastic football, I/we shall save harmless the Board of Education, the school and its staff from any liability. **Also, I/we will inform the school in writing if my/our insurance is changed or terminated.**

- 1) Employer \_\_\_\_\_
- 2) Carrier \_\_\_\_\_
- 3) Policy No. \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

Distribution: Parent and School File



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### Football

All students who participate in Football must have insurance coverage either through a family plan or through the school sponsored plan. To avoid any possible confusion over insurance coverage, please be advised that the Board of Education of Cecil County does not provide accident or health insurance to students enrolled in our school system. Parents are responsible for seeing that their children are insured for adequate and necessary coverage.

The Board of Education does sponsor a program for the purchase of student accident insurance for football only. The program is administered by Student Resources. The plan offers three levels of coverage:

<u>Levels of Coverage</u>	<u>Premium</u>	<u>Student Cost</u>	<u>Board Contribution</u>
Low Option Rate Without Dental	80.00	40.00	40.00
Middle Option Rate Without Dental	150.00	75.00	75.00
High Option Rate Without Dental	215.00	107.50	107.50
With Dental Option	7.00	3.50	3.50

The rates will be made available through the school your child attends. This insurance will satisfy the requirement for students participating in Jr. Varsity Football and Varsity Football. Football insurance must be purchased through the school plan if coverage is not provided through a family plan. The football insurance provided through the school plan only covers the student for football.

The coverage is not intended to replace other insurance. It should be considered as a supplement to other health and accident insurance coverage.

**The coverage offered for the school plan is between the parent/student and the insurance carrier, Student Resources. The Board of Education does not administer the program, but only collects the premium envelopes. It is very important that all payments are made by check or money order so that the date of receipt of premium can be verified. Checks should be made payable to Student Resources and given to the school secretary for submission to the insurance company.**

All questions regarding coverage should be directed to the insurance company, United Healthcare, telephone Cheryl Norris, K-12 Sales: (800) 237-0903.

### Rates for 2009–10 school year