



INTERSCHOLASTIC ATHLETICS INSURANCE COVERAGE

SPORT: _____ SCHOOL: _____

I hereby permit _____, a student in the Cleveland Metropolitan School District to participate in _____ K-8 or Senior High School Interscholastic Athletic Programs.

_____ has no health insurance

_____ is covered by the following family medical and dental insurance

Table with 2 columns: NAME OF COMPANY, POLICY NUMBER. Rows for MEDICAL and DENTAL.

All students participating in the Interscholastic Athletic programs are covered by a supplemental insurance policy through the Cleveland Metropolitan School District. This athletic coverage covers the following sports and activities in our K-8 and Senior High School Programs:

- FOOTBALL, VOLLEYBALL, SOCCER, CROSS-COUNTRY, GOLF, BASKETBALL, SWIMMING, WRESTLING, BOWLING, SOFTBALL, BASEBALL, TRACK, TENNIS, RUGBY, LACROSS, POWERLIFTING, CHEERLEADING, HI-STEPPING/DANCE, MILITARY DRILL, ESPORTS AND ANY OTHER ACTIVITY ORGANIZED BY THE INTERSCHOLASTIC ATHLETICS/STUDENT ACTIVITIES DEPARTMENT.

COVERAGE

Parents MUST submit their own family insurance claim first. The Board of Education Athletics' coverage will then pay all other charges, which are in excess of the amount collectible from all other family insurance (maximum \$25,000). A student is covered while practicing, competing in, or traveling to and from, athletic or student activities contest as a representative of the Cleveland Metropolitan School Districts' K-8 and/or Senior High School Programs. All events must be under the regulation and jurisdiction of the school and under the direct supervision of a full-time school employee. I release _____ School, and/or the State Board of Education, and the Interscholastic Athletics & Student Activities Office, of any and all medical, dental, and hospital expenses beyond the Interscholastic Athletic Insurance Coverage. Any and all expenses are the responsibility of the parent/guardian of the student-athlete.

DATE _____

SIGNED _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER _____

MUST BE SIGNED AND RETURNED TO SCHOOL BEFORE THE FIRST DAY OF CONDITIONING AND/OR TRYOUTS

