

CUSD 303 SPORTS PARTICIPATION

INSURANCE FORM

Date: _____

Community Unit School District 303 students are covered by the District's student accident insurance policy, for any student accident that occurs at school, during the school day or when participating in a District sports program. This student accident policy is intended to be secondary to any family or personal insurance policy providing personal injury coverage.

The District's student accident policy benefits are limited and may not provide 100% coverage for your student. Please call WEB-TPA at 866-975-9468 for more information regarding policy benefits.

Please acknowledge your student status of coverage by a family or personal insurance policy which provides personal injury coverage.

Please check one:

_____ I have my son/daughter included in a family, or personal insurance policy and therefore will use my family, or personal insurance policy as primary coverage for any student accident which may occur at school during the school day or while participating in a District sports program.

_____ My son/daughter is not covered by any family or personal insurance policy which provides personal injury coverage. I understand that the District's student accident insurance policy may not provide 100% coverage for my son/daughter and that I will be responsible for all costs not covered by the District's student accident insurance.

Parent/ guardian signature _____