

**IMPORTANT INSURANCE NOTICE TO ALL PARENTS**  
**THE SCHOOL DISTRICT OF PALM BEACH COUNTY FLORIDA**  
**2018-2019 STUDENT ATHLETIC ACCIDENT INSURANCE POLICY SUMMARY AND REMINDER**

**Parents:**

The School District of Palm Beach County purchases a sports accident insurance policy to help protect Senior High School student athletes while they are participating in FHSAA interscholastic school sports practices, games and off-season conditioning exercises that are sanctioned, scheduled and allowed in accordance with rules, regulations and definitions established by the Florida High School Athletic Association, (FHSAA). The school athletic accident insurance policy will consider payment of eligible medical bills not collectible from any other sources of primary coverage available to the student. If students have access to medical bill payments from any other source of primary coverage, parents must first file a claim and obtain benefits from other sources of coverage before filing a claim with the school policy for supplemental benefits.

**The school policy terms and benefits will remain the same as last year.** Enclosed is an outline of the new 2018-2019 policy benefits, terms and limitations. Here is a summary of the insurance coverage and provisions. Please refer to the summary of insurance for more specific details.

1. The School District policy coverage follows FHSAA rules for **'Off-Season Conditioning'**.

The FHSAA defines **"Off-Season"** as:

*"That period of time outside the actual sport season of contests but within the framework of the regular school year."*

The definition of **"Conditioning"** as defined by the FHSAA is as follows:

*"The use of free weights, stationary exercise apparatus, plyometrics and stretching exercises; cardiovascular distance and interval training, while directly supervised by a school coach".*

**'Conditioning'** IS NOT teaching sport specific skills and drills, and DOES NOT involve the use of sport specific equipment (i.e. starting blocks, hurdles, rebounders, ball machines, bats, balls, rackets, etc.). These non-conditioning activities are not covered by the sports insurance policy. The school policy will only consider injury claims that may occur while a student is participating in *'conditioning'* as defined above or during the regular FHSAA sanctioned sports season. Students that are participating in off-season or summer programs at or away from the school that do not meet the above FHSAA definition of *'off-season conditioning'* will not be covered by the Palm Beach County School District's athletic accident insurance policy.

2. **Summer conditioning or summer practices/drills or competitions**, in any form, **are not** covered by the school sports insurance policy. Any injury sustained after the last day of the 2017-2018 regular school term is not covered by the athletic accident insurance policy.
3. **Participation in any "Open Gym" activities**, in any form, is **excluded from coverage** under the athletic accident insurance policy.

The School District will maintain this coverage language in an effort to more closely follow the guidelines set forth by the FHSAA. Should any parent wish to purchase insurance coverage to cover the above noted exclusions, coverage is available to be purchased on an individual basis through one of the School District's vendors, School Insurance of Florida. A list of available coverage can be found at their website [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com).

The District would like to thank you in advance for your attention to this important policy coverage reminder, and we look forward to another successful academic and athletic year. If you have questions regarding the athletic accident insurance policy, please contact the plan administrator for the insurance program, School Insurance of Florida, at 800-432-6915.

Sincerely,

Donald Noel, ARM - E  
Risk Management  
561-434-8634

**~IMPORTANT NOTICE TO ALL PARENTS~**

**THIS FORM MUST BE READ AND SIGNED BY ALL PARENTS OR GUARDIANS OF ALL STUDENTS WHO PARTICIPATE IN OFF-SEASON SUMMER OPEN GYM AND CONDITIONING/WEIGHT TRAINING PROGRAMS ON THE PREMISES OF THE SCHOOL DISTRICT OF PALM BEACH COUNTY FOR JUNE 1 – July 30, 2018**

The School District of Palm Beach does not provide insurance coverage for students who are voluntarily participating in 2018 Off-Season Summer Conditioning/Weight Training and Open Gym programs. Attendance at the Summer Off-Season Program is not a requirement for student athletes. Student participation in Off-Season or Summer Programs is totally voluntary. Public Schools will allow students to use the school facilities for 2018 Summer Off-Season conditioning and weight training as a public service. The School District is not responsible for payment of medical bills in the event that a student is injured while on public school grounds during the summer vacation months or for 2018 Summer programs on Public School grounds. **Parents are required to have in place some form of insurance to cover treatment for any injuries related to these activities.**

Parents can purchase a low cost accident insurance policy to help cover some of the medical bills in the event of an injury sustained during off-season summer weight training exercise programs from *School Insurance of Florida*. Insurance applications are available online at [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com). This policy has limitations and exclusions and may not pay 100% of all medical expenses if a student is injured and requires medical treatment. **The accident policy only covers conditioning/weight training and open gym activities during the summer months.** The plan DOES NOT COVER any medical treatment expenses related to injuries or re-occurrence of injuries that occur during: 1) Private sports leagues practices or competitions; 2) Organized interscholastic sports team summer practices and/or competitions organized by the School District of Palm Beach County coaches or employees. OTHER SPECIFIC POLICY EXCLUSIONS AND LIMITATIONS APPLY. PLEASE READ THE COMPLETE DISCLOSURE OF POLICY TERMS BEFORE MAKING THE DECISION TO PURCHASE ANY ACCIDENT INSURANCE PLAN. Visit [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com) for more information.

This information is provided only as a public service. Insurance to protect students during summer activities may also be available through various sources such as Blue Cross/ Blue Shield, Aetna, Golden Rule Ins. Co. The School District of Palm Beach County does not endorse, mandate or profit from the sale of accident insurance. Payment of all medical bills related to student injuries during the summer months will be sole responsibility of the student's parents/guardians.

**Parents/Guardians must complete and sign this form and turn it into the school's athletic office if your child elects to participate in the Summer Off-Season Conditioning/Weight Training or Open Gym Programs conducted at the school. Please note that Parents/Guardians or Adult Students must also review and sign the appropriate School District Waiver (PBSD 2448 or 2449).**

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**PARENTAL ACKNOWLEDGEMENT OF STUDENT MEDICAL INSURANCE LIABILITY**

**Parent Statement:** We acknowledge receipt of this notice and allow our child to participate in the Off-Season Conditioning/Weight Training Programs at the School District of Palm Beach County schools. We agree that we will be totally responsible for payment of all medical expenses that are paid or unpaid by any insurance in the event of our child's injury during 2018 Summer Off-Season Conditioning/Weight Training or Open Gym Programs.

We acknowledge that in the event of a student injury that could occur during any 2018 Summer Off-Season Conditioning/Weight Training programs held on the premises of the School District of Palm Beach County, we are personally responsible for paying all medical expenses due to accidental injuries.

Student's Full Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Signature and Acknowledgement by Parent or Guardian: \_\_\_\_\_ Date Signed: \_\_\_/\_\_\_/\_\_\_

Signature and Acknowledgement by Student: \_\_\_\_\_ Date Signed: \_\_\_/\_\_\_/\_\_\_

**THIS COMPLETED FORM MUST BE RETURNED TO THE SCHOOL ATHLETIC OFFICE**