MANDATORY STUDENT ATHLETIC PARTICPATION FEE INFORMATION FOR HIGH SCHOOL PARENTS 2023-2024 SCHOOL YEAR

Students, who participate in interscholastic athletics, including cheerleading/dance team and marching band, are required to pay a participation fee before they are allowed to participate in sports and other specified activities. There are several costs for athletics such as, but not limited to, uniforms, equipment, field maintenance, referees, insurance, stadium maintenance, buses/travel, bats, balls, safety equipment, etc.... If you have a son/daughter that participates in interscholastic athletics, cheerleading and/or marching band, it will be necessary for you to contact the athletic director, cheerleading coach or marching band director at his/her school to get information on how to sign up and pay the participation fee.

The Florida High School Athletic Association (FHSAA) requires all athletes to have some sort of insurance prior to participating in sports. The School District of Manatee County purchases a basic student accident insurance protection plan to be sure all athletes have access to basic coverage. The basic insurance is not designed to replace family insurance. You are encouraged to pay for and have health insurance coverage for your student in addition to this coverage. Public School Districts are not responsible for accidental injuries that may happen while playing sports. This accident insurance is a supplemental or excess plan and will not pay 100% of the bills. The deductible for this plan is \$50.00 with a maximum benefit of \$25,000.00 for any one covered accident, which is in excess of the amount from other collectible insurance or primary health plans you may have. More complete policy terms, provisions, benefits and exclusions are available on line at www.schoolinsuranceonline.com or you may call 800-432-6915.

How To File A Claim for an Athletic Injury:

- 1. The student MUST report the injury to the coach immediately and MUST see a doctor within 30 days of the date of injury.
- 2. Obtain a claim form from the school or go online at www.schoolinsuranceonline.com. The school will provide you with a summary report to be attached to the claim form. The claim cannot be processed without the claim form. You may contact the insurance company directly for assistance.
- 3. Fill in the requested information on the claim form and SIGN IT. Do NOT leave the form at the doctor's office. Send the claim form and itemized bills to the claims address on the claim form. It is not necessary to wait until treatment is complete to send the claim; however, only the claim form must be received within 90 days of the injury. If you have other applicable insurance, you must file with that company first. When you receive the Explanation of Benefits (EOB's) from the primary insurance showing what has been paid, match this to your itemized bills and mail both matching copies to the insurance agency. KEEP A COPY OF ALL PAPERWORK FOR YOUR RECORDS. Do not hesitate to contact the insurance company for any questions or assistance with filing your claims. You have one year to submit the medical bills. Late claims after one year cannot be processed.
- 4. Filing a claim after an injury is the Parents responsibility. Under HIPAA or privacy laws, the agent and/or an employee of the School Board cannot file the claim for you, nor can they obtain claims information from an insurance company without your written permission.

Submit all Customer Service Requests and Mail Claims and Bills to: SCHOOL INSURANCE OF FLORIDA PO BOX 784268 WINTER GARDEN, FL 34778-4268

Direct Claims Line 407-798-0290 <> TOLL FREE: 800-432-6915 <> FAX: 407-798-0296

ATHLETIC FEE for Student - Print Student's Name Here ->

PARENT/LEGAL GUARDIAN COMPLETE BELOW

□ \$75 Football Athletic Fee * (Payab	le by check or cash directly to your school.)		
□ \$50 <u>All Other Sports Athletic Fee</u>	* (Payable by check or cash directly to your	school.)	
☐ \$25 Spring Football / Spring Che	erleading* (Payable by check or cash direct	ly to your school.)	
• •	e and includes unlimited tryouts, participatio Illment is mandatory <u>On-Line Only: www.sc</u> vailable online at the same website.		· ·
information on filing a claim. I understand	above and have received information regarding be the school insurance will not pay for all medically manner as outlined here. The school is not res	l bills and I am responsible to have n	ny own family insurance
Parent/legal Guardian Printed Name	(Signature of Parent or Legal Guardian)	(Date)	
Payment received by:		Date Received:	
(Signature of	School Employee Collecting Payment)		